

BOROUGH



OF HYDE.

# ANNUAL REPORT

OF THE

MEDICAL OFFICER

.. OF HEALTH ..

SCHOOL MEDICAL

.. OFFICER, ETC. ..

1929.

JOHN M. GIBSON, B.A.,

M.D., B.Ch., D.P.H.



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OF HYDE.

# ANNUAL REPORT

OF THE

Medical Officer of Health,

SCHOOL MEDICAL OFFICER;  
MEDICAL OFFICER TO THE MAT-  
ERNITY AND CHILD WELFARE  
COMMITTEE; MEDICAL SUPER-  
INTENDENT OF THE ISOLATION  
HOSPITALS AND THE TUBERCU-  
LOSIS PAVILION; AND POLICE  
SURGEON.

FOR THE YEAR  
1929.

JOHN M. GIBSON, B.A., M.D., B.Ch., D.P.H.



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## BOROUGH OF HYDE.

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### COMMITTEES, 1929.

#### Health Committee.

Chairman—ALDERMAN W. FOWDEN.

Vice-Chairman—COUNCILLOR G. H. D. PICKTHALL.

His Worship the Mayor (Alderman T. Middleton, J.P.)

Alderman James Hibbert, J.P.

Councillor F. Whalley

Councillor Rev. J. S. Burgess

„ G. Hopwood

„ A. Holland

„ J. Watt

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#### Health (Hospitals) Sub-Committee.

Chairman—ALDERMAN W. FOWDEN.

Vice-Chairman—COUNCILLOR G. H. D. PICKTHALL.

His Worship the Mayor (Alderman T. Middleton, J.P.)

Alderman James Hibbert, J.P.

Councillor Rev. J. S. Burgess

Councillor F. Whalley

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#### Maternity and Child Welfare Committee.

Chairman—ALDERMAN W. FOWDEN.

Vice-Chairman—COUNCILLOR G. H. D. PICKTHALL.

His Worship the Mayor (Alderman T. Middleton, J.P.)

Alderman James Hibbert, J.P.

Councillor J. L. H. Slater

„ P. Hibbert

„ F. Whalley

Councillor Rev. J. S. Burgess

Mrs. Adamson

„ J. Watt

„ Graham

„ A. Holland

„ Johnson

„ G. Sidebottom

„ Rogers

Dr. James Howard

„ Rose

Councillor G. Spencer

Miss E. Priestley

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#### Education Committee.

Chairman—COUNCILLOR REV. J. S. BURGESS.

Deputy Chairman—COUNCILLOR G. SPENCER.

His Worship the Mayor (Alderman T. Middleton, J.P.)

Alderman W. Fowden

Mrs. Beeley

„ Joseph Hibbert

Mrs. Cooper

Councillor A. Holland

Mr. C. T. Billinge

„ G. H. D. Pickthall

Mr. J. B. Davenport, J.P.

„ G. Sidebottom

Rev. H. J. Graham, M.A.

„ R. Breerton

Miss Dowson

„ T. N. Bedford

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#### Watch Committee.

Chairman—COUNCILLOR G. H. D. PICKTHALL.

His Worship the Mayor (Alderman T. Middleton, J.P.)

Alderman S. Fawley

Councillor G. Goodfellow

„ Joseph Hibbert

„ Rev. J. S. Burgess

„ James Hibbert

„ A. Winterbotham

Councillor G. Spencer



## STAFF OF THE PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health; School Medical Officer; Medical Officer to the Maternity and Child Welfare Committee; Medical Superintendent Isolation Hospitals; Medical Superintendent Tuberculosis Pavilion; and Police Surgeon to the Hyde Borough Police :—

\*JOHN M. GIBSON, B.A., M.D., B.Ch., D.P.H.

### Assistant Medical Officer of Health :

\*MARY EVANS, M.B., B.Ch., D.P.H.

### School Dentist :

\*MISS MURIEL C. ROBERTSON, L.D.S.

### Borough Isolation Hospitals :

#### Honorary Surgeon :

F. G. RALPHS, M.B., F.R.C.S.

#### Matron :

MISS E. PRIESTLEY.

#### Deputy-Matron :

MISS D. M. WARBURTON.

### Health Visitors and School Nurses :

\* x†† MISS A. SHUTTLEWORTH.

\* x†† MISS J. PATERSON.

\* x† MISS I. BURRILL.

### Sanitary Inspectors :

\* FRED ALLSOP, M.S.I.A. (Resigned June, 1929).

\* ERNEST VAUGHAN, M.S.I.A.

\* HUBERT PIKE, M.S.I.A.

\* RONALD GILLING, M.S.I.A. (Appointed Jan. 1st, 1930).

### Clerical Staff :

Maternity and Child Welfare and School Medical Clerk :

\* MISS GERTRUDE H. STAMP.

Public Health Department .....MISS ADA NORRGROVE.

MISS MARY WHITEHEAD.

Dental Clerk.....\*MISS EDITH GLADYS PEARSON.

† Health Visitor's Certificate, Royal Sanitary Institute.

x State Registered Nurse.

‡ Certificate of Central Midwives Board.

\* Salaries subject to Exchequer Grants.

Public Health Department,

Town Hall, HYDE.

May, 1929.

To His worship the Mayor, Aldermen and Councillors of  
the Borough of Hyde.

Mr. Mayor and Gentlemen,—

I have the honour to present to you my Annual Report for the year 1929, which is again an ordinary one of the five yearly series. It gives a brief outline of all the Public Health Work undertaken in the Borough, with special reference to any changes, or notable features, recorded during the past year.

The outstanding characteristic of the year was its extraordinary extremes. We had extremes of cold and heat, or rain and drought, of widespread sickness and general good health. The first three months of the year were the coldest experienced for many years and were accompanied by epidemics of Influenza and Whooping cough which caused much illness and increased the death rate amongst the old and the very young especially. During the remaining nine months of the year the amount of sickness prevailing and the death rate were both exceptionally low. To give a comparison between these two periods one might quote the Infantile Mortality which averaged 230 for the first three months and fell to 47 for the last 9 months.

The only extension of the Public Health Services carried out during the year was the appointment of an additional Sanitary Inspector. By increasing the number of Sanitary Inspectors from two to three, the efficiency of the service has been greatly strengthened, and at the same time, owing to changes effected in the Clerical Staff, the cost of the service upon the rates has not been increased.

At the time of writing two important schemes are under consideration—the extension of the Infectious Diseases Hospital and the opening of a Maternity Home. It is one of my greatest regrets that I will be unable to see both schemes carried through completely and put into operation; they are both schemes in which I have been intensely interested, and my views on the merits of both have been expressed elsewhere.

In submitting this, my last report as Medical Officer for the Borough, I wish to place on record my sincere thanks to the members of the Council for the whole-hearted support and encouragement which they have given me at all times. I have been fortunate in having the support of a most loyal and capable staff to whom I must express my indebtedness for their valuable help, and to the Town Clerk and to all other Corporation Officials I owe much, not only for their hearty co-operation in every phase of my work, but also for their personal friendship. Lastly I gratefully acknowledge the encouragement I have received from Local Practitioners and indeed from all sections of the Community. Expressions of thanks in reports of this kind are apt to appear formal and stereotyped, but at the close of what has proved one of the happiest periods of one's life, they are so sincere and heart-felt that it is difficult to expound them adequately.

I have the honour to be,

Your obedient servant,

JOHN M. GIBSON.



## GENERAL STATISTICS.

Area (in acres)...	...	...	...	...	...	...	3,080
Population (Census 1921)	...	...	...	...	...	...	33,437
Population (Census 1921, amended)...	...	...	...	...	...	...	34,130
Population (Registrar General's estimate for 1929)	...	...	...	...	...	...	32,550
Number of Inhabited Houses in 1921	...	...	...	...	...	...	8,394
Number of Inhabited Houses in 1929	...	...	...	...	...	...	8,945
Number of families or separate occupiers in 1921	...	...	...	...	...	...	8,018
Density of population, i.e. number of persons per acre	...	...	...	...	...	...	10·7

	Land	Buildings	Total
Rateable Value (including Government Property), in 1928...	£2,448	£189,627	£192,075
Rateable Value (including Government Property), in 1929...	£574	£179,554	£180,128
Sum represented by a penny rate in 1928	...	...	£717
Sum represented by a penny rate in 1929	...	...	£653

According to the Registrar General's estimate the population of the Borough is 110 more than in the previous year, though it will be seen from the above figures that this estimate is 1580 less than the population ascertained by the Census in 1921. It is remarkable how little the population has varied since the beginning of the century. The birth rate has declined steadily during that period but this factor has been counterbalanced by a lower death rate and by increased housing accommodation. The population for each year since the year 1901 is shown in Table 3.

## CHIEF OCCUPATIONS AND THEIR INFLUENCE ON PUBLIC HEALTH.

Below are shown all the occupations at which more than 500 persons are employed when the last census was taken in the year 1921. Tabulated with the various occupations are the numbers of deaths of employees in each group recorded during the past four years with the average death rates per thousand during these years. It will be seen that the highest mortality occurred amongst "Transport Workers" and "Makers of Dress," but the numbers included in each group are so small that even on a four years average they cannot be regarded as a reliable index of the influence of occupation upon health.

Occupations at which more than 500 persons were employed in 1921	Number employed in		Deaths in				Average death rate per 1,000 for past 4 years
	1921	1926	1927	1928	1929		
Textile Workers...	6477	39	27	45	29	...	5·3
Metal Workers	1819	9	16	16	4	...	6·07
Makers of Dress	1451	9	29	16	10	...	9·3
Commercial Occupations...	1177	1	6	1	4	...	2·9
Transport Workers	838	12	4	3	13	...	9·5
Personal Service...	834	2	9	5	4	...	5·9
Clerks and Draughtsmen	894	6	2	2	9	...	5·3
Boilermakers, etc.	699	6	3	6	4	...	6·8

# EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

## BIRTHS DURING 1929.

Legitimate	...	...	...	Males	193,	Females	157.	Total	350.
Illegitimate	...	...	...	Males	7,	Females	9.	Total	16.

Birth Rate ... 11'2. 366.

## STILLBIRTHS.

Legitimate	...	...	...	Males	7,	Females	9.	Total	16.
Illegitimate	...	...	...	Males	—	Females	3.	Total	3.

19.

## DEATHS.

Males 255, Females 242, Total 497.

Death Rate ... 15'2.

Number of women dying in, or in consequence of, childbirth.

From Sepsis ... .. Nil.

From other causes ... .. Nil.

## DEATHS OF INFANTS UNDER ONE YEAR OF AGE.

				Number of Deaths	Deaths per 1,000 Births
Legitimate	...	...	...	30	85'7.
Illegitimate	...	...	...	4	250'0.

Total ... .. 34 ..... 92'6.

Deaths from Measles (all ages) ... .. 0.

Deaths from Whooping Cough (all ages) ... .. 8.

Deaths from Diarrhoea (under 2 years of age) ... 1.

**TABLE 1.—MONTHLY AND WARD DISTRIBUTION OF BIRTHS FOR THE YEAR 1929 (LOCAL RETURNS).**

Month	Hyde	Newton	Godley	Total	
January .....	25	12	1	38	} 83
February .....	18	6	1	25	
March .....	12	8	—	20	
April .....	15	10	2	27	} 85
May .....	26	8	2	36	
June .....	13	8	1	22	
July.....	19	6	2	27	} 87
August .....	17	8	2	27	
September.....	23	10	—	33	
October .....	16	8	1	25	} 68
November .....	13	11	—	24	
December .....	14	3	2	19	
	211	98	14	323	323

TABLE 2.—ILLEGITIMATE BIRTHS 1929 (LOCAL RETURNS).

	Boys		Girls		Total
Hyde .....	2	.....	4	.....	6
Newton .....	2	.....	1	.....	3
Godley .....	—	.....	—	.....	—
<hr/>					
	4	.....	5	.....	9

TABLE 3.—COMPARISON OF LOCAL BIRTH RATE WITH THAT OF ENGLAND AND WALES.

Year	Population			No. of Births	Birth Rate		England and Wales
1901	.....	32,766	.....	815	.....	24·82	..... 28·5
1902	.....	33,048	.....	858	.....	25·96	..... 28·5
1903	.....	33,379	.....	855	.....	25·61	..... 28·5
1904	.....	33,687	.....	812	.....	21·10	..... 28·0
1905	.....	33,866	.....	757	.....	22·35	..... 27·3
1906	.....	34,033	.....	781	.....	22·93	..... 27·2
1907	.....	34,165	.....	748	.....	21·89	..... 26·5
1908	.....	33,459	.....	827	.....	23·99	..... 26·7
1909	.....	34,669	.....	721	.....	20·79	..... 25·8
1910	.....	34,833	.....	723	.....	20·75	..... 25·1
1911	.....	34,497	.....	744	.....	22·48	..... 24·4
1912	.....	33,728	.....	770	.....	22·91	..... 23·8
1913	.....	33,922	.....	722	.....	21·4	..... 23·9
1914	.....	34,084	.....	689	.....	20·36	..... 22·2
1915	.....	32,655	.....	606	.....	18·67	..... 21·8
1916	.....	31,476	.....	628	.....	18·35	..... 21·6
1917	.....						
1918	.....	34,042	.....	498	.....	14·6	..... 17·7
1919	.....	33,908	.....	515	.....	15·18	..... 18·5
1920	.....	33,444	.....	739	.....	21·7	..... 25·4
1921	.....	34,130	.....	699	.....	20·4	..... 22·4
1922	.....	34,110	.....	565	.....	16·5	..... 20·6
1923	.....	34,030	.....	561	.....	16·4	..... 19·7
1924	.....	33,770	.....	497	.....	14·7	..... 18·8
1925	.....	33,500	.....	479	.....	14·2	..... 18·3
1926	.....	32,910	.....	459	.....	13·7	..... 17·8
1927	.....	32,890	.....	432	.....	13·1	..... 16·7
1928	.....	32,440	.....	458	.....	14·1	..... 16·7
1929	.....	32,550	.....	366	.....	11·2	..... 16·3

BIRTHS FOR THE YEAR 1929.

Particulars concerning the births for the year are given in Tables 1 and 2, whilst Table 3 shows a comparison between the birth rate in Hyde with that of England and Wales since the beginning of the century. This table also shows the extraordinary fall in the birth rate which has been taking place throughout that



period. Although the population is practically unchanged, the number of births annually has dropped from 815 to 366, the birth rate for last year being not only the lowest for 30 years, but also the lowest ever recorded. Table 1 gives the number of births which occurred in Hyde itself, and the total number recorded, namely 323, is exactly 100 less than in the previous year. As there are no Maternity Homes nor Hospitals within the Borough, there are always a few babies born every year to Hyde parents in Institutions situated in Manchester or elsewhere. These babies are transferred to the Hyde returns by the Registrar General, and by their addition to the births which occurred locally, the total number of births for this area last year is raised to 366.

### DEATHS FOR THE YEAR 1929

The total number of deaths during the year was 497, giving a death rate of 15.2. As shown in Table 6 this rate was the highest recorded during the past 5 years ; it was also higher than the average rate for England and Wales. Last year was characterised by the extremes of its weather conditions. Its long periods of bright sunshine during the Summer months must have been most invigorating to young and old alike, but these were preceded by a very severe spring which caused widespread sickness so that, on the whole, disease and illnesses of various kinds were more prevalent than usual and the death rate for the whole of the year was higher, not only in Hyde, but also throughout England and Wales. The increase in the mortality rate locally was due mainly to diseases of the respiratory tract. Influenza and Whooping Cough were both prevalent in the Spring, and in addition to being primarily responsible for the number of deaths shown on table 4, they were responsible, undoubtedly, indirectly for a number of the deaths classified under the headings of Bronchitis and Pneumonia. Table 5 shows the comparatively high mortality during the early part of the year when these diseases were prevalent. There were no deaths from Measles nor from Diphtheria, whilst the deaths from Cancer, Diseases of the Circulation, Tuberculosis, Kidney Disease, Diabetes and from conditions associated with Child-Birth, were all fewer than in the previous year.

**TABLE 4.—REGISTRAR GENERAL'S RETURN TABLE.**

Cause of Death						Males	Females
All Causes	...	...	...	...	...	255	242
Enteric Fever	...	...	...	...	...	1	1
Measles	...	...	...	...	...	—	—
Scarlet Fever	...	...	...	...	...	2	1
Whooping Cough	...	...	...	...	...	5	3
Diphtheria	...	...	...	...	...	—	—
Influenza	...	...	...	...	...	17	27
Meningococcal Meningitis	...	...	...	...	...	—	1
Encephalitis Lethargica	...	...	...	...	...	—	—
Tuberculosis of Respiratory System	...	...	...	...	...	15	6
Other Tuberculous Diseases	...	...	...	...	...	2	1
Cancer, Malignant Disease	...	...	...	...	...	23	33
Rheumatic Fever	...	...	...	...	...	1	1
Diabetes	...	...	...	...	...	3	1
Cerebral Hæmorrhage, etc.	...	...	...	...	...	8	15
Heart Disease	...	...	...	...	...	43	49
Arterio-sclerosis	...	...	...	...	...	20	7
Bronchitis	...	...	...	...	...	10	23
Pneumonia (all forms)	...	...	...	...	...	21	15
Other respiratory diseases	...	...	...	...	...	—	4
Ulcer of Stomach or Duodenum	...	...	...	...	...	5	—
Diarrhoea, etc. (under 2 years)	...	...	...	...	...	—	1
Appendicitis and Typhlitis	...	...	...	...	...	1	1
Cirrhosis of Liver	...	...	...	...	...	2	—
Acute and Chronic Nephritis	...	...	...	...	...	5	2
Puerperal Sepsis	...	...	...	...	...	—	—
Accidents and diseases of Pregnancy and Parturition	...	...	...	...	...	—	—
Congenital Debility, Malformation, Premature Birth	...	...	...	...	...	15	2
Suicide	...	...	...	...	...	4	4
Other Deaths from Violence	...	...	...	...	...	12	8
Other Defined Diseases	...	...	...	...	...	40	37



**TABLE 5.—DEATHS 1929. MONTHLY AND WARD DISTRIBUTION.**

Month	Hyde	Newton	Godley	Months	Total Quarter
January.....	29	10	2	41	152
February .....	56	15	3	74	
March .....	26	10	1	37	
April .....	14	11	—	25	71
May .....	15	4	3	22	
June .....	18	6	—	24	
July .....	14	7	1	22	60
August .....	10	7	1	18	
September .....	15	4	1	20	
October .....	20	4	2	26	65
November.....	15	3	—	18	
December.....	19	2	—	21	
Outside Districts .....	114	31	4	149	149
	365	114	18	497	497

**TABLE 6.—COMPARISON OF LOCAL DEATH RATE WITH THAT OF ENGLAND AND WALES AND OTHER TOWNS.**

	1925	1926	1927	1928	1929
HYDE ... ..	14'2	12'5	12'4	13'9	15'2
ENGLAND & WALES	12'2	11'6	12'3	11'7	13'4
156 SMALLER TOWNS	11'2	10'6	11'3	10'6	12'3

#### INFANT MORTALITY.

The deaths of Infants under one year of age, their causes and their monthly and ward distribution are shown on Tables 7, 8, 9, and 10. After a fall in the infant mortality rate to 54'5 in 1928, the rise in 1929 to 92'6 is somewhat discouraging, but the cause of this rise was one which in the present state of medical knowledge is beyond the scope of human control, for it was due in a large measure to an epidemic of Influenza which caused such widespread illness throughout the area during the first three months of the year. Whooping Cough, which was also prevalent during that period, played its part too, for in three of the deaths from Pneumonia this disease was stated to have been the predisposing cause. As shown in Table 10 there were 14 deaths from Pneumonia, or Bronchitis, during those three months, and although Influenza was stated to be the predisposing cause in only three of the cases, there is evidence to suggest that the remaining 11 deaths were also associated with that disease. The differential diagnosis between Influenza and a severe cold is always difficult and in a child it is almost impossible. During the early months of the year many young children developed feverish symptoms and a day or two later showed signs of Brochitis or Pnenmonia, which in a number of cases proved fatal, and although the initial illness was not always recognised as Influenza, it was undoubtedly the same type of infection which was so prevalent at that period amongst adults. Table 10 shows that all the deaths from Bronchitis or Pneumonia occurred during the first three months of the year.

So far as the babies were concerned the year began disastrously for during these first three months the infantile mortality amounted to 230. During the rest of the year, however, the number of deaths was well below the average giving a mortality rate for the nine months of 47. The rate for the whole year was consequently reduced to 92'6.

Another striking feature, illustrated by Table 10, is the large number of deaths which occurred from Congenital Debility or Prematurity. In all of these 17 cases death occurred before the child became four weeks old; indeed in 15 cases death occurred during the first two weeks. These are cases in which post-natal care, no matter how efficient, can be of little service, for the causes responsible for such feeble physical development must have been operative prior to birth. A reduction in the mortality rate from causes such as these can be brought about only by adequate care and careful supervision of the Mother during the Ante-natal period, and until the public generally appreciate more fully the need for such supervision little improvement can be expected. It has been suggested that the depression in trade with its unemployment and short-time employment may be responsible for the comparatively high proportion of deaths from prematurity and congenital debility, but local enquiries, which are always made when deaths of infants have been notified, do not support this suggestion. The actual number of deaths from these causes is no higher than in many previous years, but the proportion is higher, because deaths of older children have been reduced in number, thanks to the spread of knowledge in matters relating to Infant Welfare.

It will be observed from Table 10 that no deaths occurred during the months of July and August. At the beginning of the century these were about the most dangerous months of the year for babies owing to the seasonal prevalence of Summer Diarrhoea, but fortunately this disease has now been robbed of its terrors.

TABLE 7.—DEATHS OF INFANTS (UNDER ONE YEAR OF AGE).

REGISTRAR GENERAL'S RETURNS.

DEATHS OF INFANTS.						Male	Female
Legitimate	...	...	...	...	...	23	7
Illegitimate	...	...	...	...	...	3	1
Total						26	8
Total number of deaths of infants						...	34'0
Infant Mortality Rate						...	9'26

TABLE 8.—INFANT MORTALITY DURING THE YEAR 1929.

Nett Deaths from stated causes at various Ages under 1 Year of Age.

Cause of Death.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	4 Weeks and under 3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 Year
Measles .....	..	..	..	..	..	..	..	..	..	..
Whooping Cough .....	..	..	..	..	..	..	..	..	..	..
Meningitis (Non- Tuberculous) or Abscess on the Brain .....	..	..	..	..	..	..	..	..	..	..
Tuberculous Meningitis .....	..	..	..	..	..	..	..	..	..	..
Infective Enteritis or Diarrhoea ..	..	..	..	..	..	..	..	..	..	..
Congenital Specific Disease .....	..	..	..	..	..	..	..	..	..	..
Influenza .....	..	..	..	..	..	..	..	..	..	..
Suffocation.....	..	..	..	..	..	..	..	..	..	..
Premature Birth .....	8	6	..	1	15	..	..	..	..	15
Asthenia, Debility, Marasmus ..	..	..	1	1	2	1	..	..	..	3
Convulsions .....	..	..	..	..	..	..	..	..	1	1
Bronchitis .....	..	1	..	..	1	1	1	..	..	3
Pneumonia (all forms) .....	..	..	..	..	..	2	3	3	3	11
Accidental Death.....	..	..	..	..	..	..	..	..	1	1
All Causes.—Certified .....	8	7	1	2	18	4	4	3	5	34



**TABLE 9.—DEATHS OF INFANTS UNDER ONE YEAR OF AGE DURING THE YEAR 1929.**  
**MONTHLY, QUARTERLY, AND WARD DISTRIBUTION.**

	Hyde	Newton	Godley	Month	Total Quarter
January .....	3	1	—	4	17
February .....	5	3	—	8	
March .....	4	1	—	5	
April .....	—	—	—	—	1
May .....	—	—	—	—	
June .....	—	1	—	1	
July .....	—	—	—	—	3
August .....	—	—	—	—	
September .....	2	1	—	3	
October .....	1	—	—	1	4
November .....	—	—	—	—	
December .....	3	—	—	3	
Outside Districts .....	8	—	1	9	9
	26	7	1	34	34

**INQUESTS.**

26 Sudden Deaths occurred in the District during the year, and 21 of these were investigated by a Coroner’s enquiry.

The certified causes of deaths were as under:—

Accidental Death ... ..	7
<b>Suicide</b>	
Drowning ... ..	3
Coal Gas Poisoning ... ..	1
Poisoning ... ..	1
	—
	5
<b>Natural Causes :</b>	
Heart Disease ... ..	13
Acute Lobar Pneumonia ... ..	1
	—
	14

The number of deaths certified by medical practitioners and inquest cases for 1929, were:—

Certified by Medical Practitioners ... ..	449
Certified by Coroner ... ..	48

Of the 148 transferable deaths, 121 were certified by a Hospital Surgeon and 27 by the Coroner.

**TABLE 10.—MONTHLY DISTRIBUTION OF DEATHS OF  
INFANTS DURING 1929.**

	Cause of Death—			Pneumonia or Bronchitis	Prematurity & Congenital Debility	Marasmus	Con- vulsions	Accidental Death
January	...	...	...	4	2	—	—	—
February	...	...	...	7	2	—	—	—
March...	...	...	...	3	1	—	1	—
April	...	...	...	—	—	—	—	—
May	...	...	...	—	2	—	—	—
June	...	...	...	—	1	—	—	—
July	...	...	...	—	—	—	—	—
August	...	...	...	—	—	—	—	—
September	...	...	...	—	4	—	—	1
October	...	...	...	—	1	—	—	—
November	...	...	...	—	1	1	—	—
December	...	...	...	—	3	—	—	—
				14	17	1	1	1

## General Provision of Health Services in the Area.

### HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY OR BY THE COUNTY COUNCIL.

#### (1) For Fevers .

A full description of the Hyde Borough Isolation Hospital has been given in previous reports and need not be outlined here. In addition to serving the needs of Hyde itself in the matter of Hospital Accomodation for Infectious Cases, it receives cases from the following Authorities :—



# **AUTHORITIES, IN ADDITION TO HYDE, SERVED BY THE HYDE ISOLATION HOSPITAL.**

Authority	Population	Number of beds for which retain- ing fees are paid
Bredbury and Romiley U.D.C. ... ..	9,260	3
Dukinfield M.B. ... ..	19,493	3
Compstall U.D.C. ... ..	968	1
Disley R.D.C. ... ..	3,022	1
Hazel Grove & Bramhall ... ..	10,125	2
Marple U.D.C. ... ..	6,608	2
Yeardsley-cum-Whaley ... ..	1,698	1
Audenshaw U.D.C. ... ..	8,050	2
Droylsden U.D.C. ... ..	14,150	3
Denton U.D.C. ... ..	18,020	4

Several valuable improvements in the hospital buildings have been carried out during the year. At the Tuberculosis Pavilion a new heating system has been installed which provides an adequate supply of hot water for all purposes and at the same time heats the building throughout, thus replacing the open fires which in past years proved so wasteful of fuel. The glass balcony at this pavilion has been extended to increase the accommodation for beds, so that more of the patients can now be treated on open air lines. The Ambulance sheds have been enlarged to provide accommodation for the Motor Ambulances. What has proved the greatest boon of all is that the Hospital buildings throughout have been equipped with electric light.

## **(2) For Small-Pox.**

The Hospital reserved for cases of Small-Pox was originally the Isolation Hospital for the Borough. It contains 40 beds, with accommodation for staff, etc., and has room for extension if required. It is maintained by the Hyde Council, but serves a population of over a quarter of a million. The following authorities pay retaining fees :—

Stockport C.B., Bredbury and Romiley U.D.C., Dukinfield M.B., Disley R.D.C., Hazel Grove and Bramhall U.D.C., Macclesfield R.D.C., Marple U.D.C., Yeardsley-cum-Whaley R.D.C., Droylsden U.D.C., and Denton U.D.C.

TABLE 11.  
Summary of Cases of Infectious Diseases Treated in Hospitals during 1929.

	Scarlet Fever			Diphtheria			Enteric Fever			Erysipelas			Smallpox			Measles			Observ- ation			Total		
	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total			
Remaining Jan. 1st., 1929...	12	4	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12	4	16
Admitted ...	201	77	278	19	16	35	...	...	...	1	2	3	1	1	2	1	1	2	10	1	11	233	98	331
Discharged ...	182	67	249	16	10	26	...	...	...	...	2	2	1	1	2	1	1	2	8	1	9	208	82	290
Died ....	4	1	5	...	3	3	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	5	4	9
Remaining Dec. 31st, 1929...	27	13	40	3	3	6	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	32	16	48

The following table shows the numbers of cases admitted to the hospitals from neighbouring districts:—

**TABLE 12.**  
**CASES ADMITTED FROM NEIGHBOURING DISTRICTS.**

	Scarlet Fever	Diph- theria	Enteric Fever	Erysi- pelas	Small- pox	Meas- les	Obser- vation	Total
Denton ... ..	25	5	—	—	—	—	1	31
Bredbury & Romiley	19	5	—	1	—	—	—	25
Droylsden ... ..	17	3	—	—	—	—	—	20
Hazel Grove ... ..	12	—	—	—	—	—	—	12
Marple... ..	3	1	—	—	—	—	—	4
Stockport ... ..	—	—	—	—	1	—	—	1
Whalley Range...	—	—	—	—	—	1	—	1
Dukinfield ... ..	—	—	—	1	—	—	—	1
Disley ... ..	1	—	—	—	—	—	—	1
Compstall ... ..	—	1	—	—	—	—	—	1
Audenshaw... ..	—	1	—	—	—	—	—	1
	77	16	—	2	1	1	1	98
Hyde ... ..	201	19	—	1	1	1	10	233

The number of cases of the various infectious diseases treated at both these hospitals during the year is shown in Table 11. From this it will be seen that a total of 331 cases were admitted, this being 115 more than in 1928. The majority were cases of Scarlet Fever (278) and of these 201 were admitted from Hyde. In dealing with Scarlet Fever in Hyde, and indeed also with Diphtheria, the policy adopted is that admission to hospital is insisted upon unless the parents can show that they are in a position to provide adequate nursing arrangements, in addition to satisfactory isolation, in the home. It will be observed that there were 5 deaths from Scarlet Fever, giving a mortality rate of 1·8 per cent.

The number of cases of Diphtheria admitted during the year was 35 compared with 75 in 1928. Of the cases admitted 3 or 8·5 per cent proved fatal. These 3 cases were from outside areas and all had developed such mass infections that their condition was hopeless on admission. The treatment of Diphtheria is one of the easiest and at the same time one of the most difficult problems with which anyone can be confronted. In the earliest stage the administration of standardised anti-diphtheritic serum can be regarded as almost an infallible remedy, but unfortunately Diphtheria is most difficult to recognize at its early stage, for it differs but little from, and often causes less pain than, an ordinary Tonsillitis. For this reason a few days often elapse before the condition is diagnosed, and during that short interval the infection may obtain such a grip that treatment, whatever it may be, is of no avail. Occasionally cases showing the early signs of Diphtheria are admitted to Hospital and prove subsequently to be non-diphtheritic, but the doctors who send such cases to Hospital deserve commendation, for the patients in these cases have everything to gain and nothing to lose. They



receive hospital treatment which costs them nothing, the serum they receive protects them from Diphtheria if they have not got it, and they avoid the risk associated with a neglected case of Diphtheria. The 11 cases shown under the heading of "Observation" were cases of this kind, and it will be noted that 10 of these were admitted from Hyde. One points this out as a testimony to the carefulness of local practitioners in dealing with such cases, for a high "observation" rate with appropriate treatment is closely related to a low death rate.

Only two cases of Small-pox were admitted to the local hospital during the year. One of these was from Dukinfield and the other, a baby, was a local case.

### (3) **Tuberculosis.**

The only hospital accommodation for Tubercular patients within the Hyde area is the Tuberculosis Pavilion at the Isolation Hospital, which is reserved for male patients only. The accommodation (33 beds) is always fully utilised, for patients are admitted not only from Hyde itself, but also from other parts of Cheshire. The majority of the patients received have been classified by the Tuberculosis Officer as "advanced cases" prior to admission, and so their prospect of cure is, unfortunately, very poor, but it is often surprising to note the improvement in their condition which results from good food, regular habits, and plenty of rest. Many, of course, continue to decline, and one welcomes this opportunity to pay a tribute to the courage, patience, and devotion of the nurses who are called upon to look after so many of these bed-ridden patients. At times they must feel discouraged, for their care and attention prove again and again to be of no avail, but they have the satisfaction of knowing that in tending the sick they are performing the highest form of service, and at the same time they are doing most valuable work in the cause of preventative medicine.

Thanks must be given also to the many ladies and gentlemen who have done so much during the year to brighten the lives of those who have been more or less ostracised through no fault of their own by this dire malady. Thanks are due to the members of the various concert parties and theatrical societies who gave such excellent programmes during the winter months; to Mr. M. Middleton, who has kept in repair the gramophone which he presented a few years ago and which is so highly appreciated by the patients; to the members of the Tipperary League who contributed the sum of £8 7s. 4d. so that the men might have drives into the country on some of the bright Summer afternoons; also to Mr. and Mrs. Stanley Welch who have supplied various daily newspapers throughout the year, and contributed in numerous other ways to the patients' comfort and happiness.

#### **(4) Maternity.**

There is still no Maternity Home in the area, but there is every reason to believe that in a few months' time this long-felt want will be supplied. Since the publication of the last annual report, in which reference was made to the suitability of Werneth Lodge for a Maternity Home, the matter has been fully considered by your Maternity and Child Welfare Committee and by the Ministry of Health, and although progress has been slow it has been substantial. Plans were submitted, showing how the building could be utilised as a Maternity Home of 11 beds with a minimum of alterations, and the general outline of the scheme has met with the approval of the Ministry of Health and of the County Council. In consultation with officials of the Ministry, further alterations were suggested, which will increase undoubtedly the efficiency of the scheme, although they will add greatly to its cost, and at the time of writing the Borough Surveyor is preparing a detailed plan embodying all these suggestions, and a statement regarding their probable cost. The building, with its proposed alterations and suggested equipment, would form an excellent Maternity Home worthy of the town's traditions, and it is to be hoped that the increased initial cost will not act as a barrier to its inception. The need for such a home is exceedingly great. The numerous enquiries which have been made regarding it, since the possibility of its establishment was made public, give some idea of the enthusiasm with which it would be received by the mothers of the neighbourhood, whilst a knowledge of the facilities and assistance which it would offer prompts one to state that it would be one of the greatest assets possible to Maternity and Child Welfare Work in the area.

#### **(5) Children.**

There are no hospitals for children in the district apart from the Isolation Hospitals, which deal with Infectious Diseases only.

#### **(6) Institutional Provision for Unmarried Mothers, etc.**

No provision is made for the institutional treatment of unmarried mothers, illegitimate, or homeless children. Cases of this kind can be dealt with by the Relieving Officer, and admitted to the Stockport Union Hospital. In accordance with the provisions of the Local Government Act, 1929, these cases will be, in future, under the care of the County Council.

#### **(7) Other Hospitals.**

There are no other hospitals in the Borough. Patients requiring treatment in a general hospital are admitted to Ashton Infirmary, Stockport Infirmary, or to the various hospitals in Manchester. The majority of patients are dealt with by Ashton Infirmary and the Manchester Royal Infirmary, to each of which the local Council



makes an annual contribution of 75 guineas. The Hospital Authorities have been asking for more generous support from the general public, and their appeal is one which deserves favourable consideration, for statistics show that the citizens of Hyde receive vastly greater benefits in the form of treatment than is covered by their subscriptions. The most valuable source of income obtained locally for the hospitals is the Mayor of Hyde's Hospital Fund, which amounted last year to £1,381. This amount is subscribed by a large percentage of the workmen of the Borough, who surrender voluntarily one penny per week from their wages. In return for this subscription the Mayor receives a number of recommendations entitling patients to free treatment. The following is a list of the recommendations issued during last year:—

**MAYOR OF HYDE'S HOSPITAL FUND AND WORKPEOPLE'S SATURDAY FUND.**

**Report 1st January to 31st December, 1929.**

Institutions to which patients were recommended.				No. of recommendations issued. Total.	No of individual patients represented.	No. of renewal recommendations.
<b>District Infirmary, Ashton-under-Lyne.</b>						
In-patients	...	...	...	168	123	45
Out-patients	...	...	...	176	114	40
<b>Manchester Royal Infirmary.</b>						
In-patients	...	...	...	101	91	10
Out-patients	...	...	...	14	14	—
<b>St. Mary's Hospital, Manchester.</b>						
In-patients	...	...	...	10	10	—
Out-patients	...	...	...	1	1	—
<b>Manchester Royal Eye Hospital.</b>						
				10	10	—
<b>Manchester Children's Hospital.</b>						
In-patients	...	...	...	6	6	—
Out-patients	...	...	...	2	2	—
<b>Manchester Ear Hospital.</b>						
In-patients	...	...	...	—	—	—
Out-patients	...	...	...	1	1	—
<b>Manchester Throat and Chest Hospital.</b>						
In-patients	...	...	...	3	3	—
<b>Manchester Skin Hospital.</b>						
In-patients	...	...	...	—	—	—
Out-patients	...	...	...	3	3	—
<b>Ancoats Hospital.</b>						
In-patients	...	...	...	3	2	1
Out-patients	...	...	...	1	1	1

**Salford Royal Infirmary.**

In-patients	...	...	...	1	.....	1	.....	—
-------------	-----	-----	-----	---	-------	---	-------	---

**Christie Cancer Hospital.**

	2	.....	2	.....	—
--	---	-------	---	-------	---

**Stockport Infirmary.**

	10	.....	9	.....	1
--	----	-------	---	-------	---

**Southport Convalescent Hospital.**

Adult	...	...	...	...	12	.....	12	.....	—
-------	-----	-----	-----	-----	----	-------	----	-------	---

**Devonshire Hospital, Buxton.**

	6	.....	5	.....	1
--	---	-------	---	-------	---

**Harrogate Convalescent Hospital.**

	1	.....	1	.....	—
--	---	-------	---	-------	---

**Hyde Sick Kitchen.**

	69	.....	42	.....	27
--	----	-------	----	-------	----

	—		—		—
--	---	--	---	--	---

	600		453		125
--	-----	--	-----	--	-----

**AMBULANCE FACILITIES.****(a) For Infectious Diseases :**

Two Motor Ambulances are kept for the transport of cases suffering from Infectious Diseases. One of these (the Wolseley) after many years of valuable service, began recently to show so many signs of old age that it was decided to have it replaced by a new ambulance built on an Armstrong Siddeley chassis. Both ambulances are kept at the Fire Station and are driven by members of the Fire Brigade Staff.

The number of patients conveyed to the Isolation Hospitals during the year was 342; 238 of these were from the Borough and 104 from outside areas.

**(b) For Non-Infectious and Accident Cases :**

In addition to the two ambulances referred to above, two other motor ambulances are now available for dealing with cases of accident or other non-infectious cases. These ambulances are under the control of the Chief Constable, Mr. J. W. A. Danby, and are also driven by members of the Fire Brigade Staff. In previous years only one ambulance was available for dealing with these cases, but the area served by this ambulance was extended during the year to include Denton Urban District, and so many calls have been received that a second ambulance was found necessary.

During the past year the accident ambulance responded to 722 calls; 98 were cases of accident, 606 were removals to or from Hospitals, or other Institutions, and on 18 occasions the ambulance was summoned but not required when it arrived. 462 of the calls were for removals within the Borough and 260 calls were to persons residing outside the Borough.

For the use of the various ambulances no charge is made to persons ordinarily resident within the Borough, but to prevent this privilege being abused, the use of the non-infectious ambulance has to be restricted to accident cases and other cases where the doctor in charge certifies that the use of an ambulance is necessary.

## CLINICS AND TREATMENT CENTRES.

### (a) Maternity and Child Welfare Clinics :

- (1) Child Welfare Clinic, at Rosemount Chapel School, on Mondays, from 2 p.m. till 4 p.m.
- (2) Child Welfare Clinic, at Parsonage Street Centre, on Tuesdays, from 10 a.m. till 12 noon. On Wednesdays, from 2-15 p.m. till 4-45 p.m. On Thursdays, from 2-15 p.m. till 4-45 p.m.
- (3) Ante-Natal Clinic, at Parsonage Street Centre, on Thursdays, from 1-30 p.m. till 2-15 p.m.
- (4) Dental Clinic, at Mechanics' Institute, for expectant or nursing mothers and children under 5 years, on Saturdays, from 9-30 a.m. till 12-30 p.m.

### (b) Orthopædic Clinic :

At Parsonage Street Centre, on Mondays, from 2 p.m. till 4-30 p.m. On Wednesdays, from 9-30 a.m. till 12 noon. The Orthopædic Surgeon attends on the third Monday of each month.

### (c) Artificial Sunlight Clinic :

At Parsonage Street Centre, on Mondays and Fridays, from 9-30 a.m. till 5 p.m.

### (d) Day Nurseries.

None.

### (e) School Clinics :

- (1) Clinics for Minor Ailments, at Mechanics' Institute, daily (Sundays excepted), from 9 a.m. till 12 noon.
- (2) Eye Clinic for Refractions, at Mechanics' Institute, on Mondays and Thursdays, from 11 a.m. till 12 noon.
- (3) Dental Clinic, at Mechanics' Institute, for School Children, on Tuesdays, Wednesdays and Fridays, from 9-30 a.m. till 12-30 p.m., and 1-45 p.m. till 4-45 p.m.

### (f) Tuberculosis Dispensaries :

Treatment of patients suffering from Tuberculosis is arranged by the Cheshire County Council. The District Tuberculosis Officer attends at the Tuberculosis Dispensary, Beeley Street, Hyde, on Mondays, from 10 a.m. till 12-30 p.m.; also on Wednesdays, from 2 p.m. till 4-30 p.m., and 6 p.m. till 7-30 p.m.



**(g) Treatment Centres for Venereal Diseases :**

There are none within the Borough. Patients attend the V.D. Centres at Ashton-under-Lyne and Manchester.

**PROFESSIONAL NURSING IN THE HOME.**

**(a) General :**

The Hyde District Nursing Association, in affiliation with Queen Victoria's Jubilee Nursing Association, supplies two nurses for Home Nursing. The extent of their work during the year is shown by the number of their visits, which amounted to 6,634. The number of individual patients treated was 689. The demand upon the services of these nurses has been so great that the Committee of the Nursing Association is anxious to appoint an additional nurse, but as the work of the Association is carried on entirely by voluntary subscriptions, increased expenditure, such as this appointment would entail, cannot be undertaken without additional support from the general public. It is hoped that the recent appeals of the President and Secretary for more generous and more widespread support will have the desired result.

**(b) For Infectious Diseases :**

No provision has been made for the nursing of Infectious Diseases in private houses.

**Midwives :**

The provisions of the Midwives Act, 1902, are administered by the Cheshire County Council, which is the local supervising authority. The County register shows that there are seven certified midwives resident in Hyde who have given notice of their intention to practice midwifery ; of these only two hold the C.M.B. certificate.

Under the 1902 Act the County Council has authority to delegate its powers of supervision to a District Council, and as it has been felt for many years that the work of the local midwives could be more effectively directed and supervised by the Medical Officer of Health of the Borough, representations have been made from time to time to the Cheshire County Council to have the powers under the Act transferred to the Borough Council, but the County Council, having the matter entirely in their own hands, were determined to hold fast to the powers they already possessed. With the passing of the Local Government Act in 1929 it was thought that this much-longed for and greatly needed transference would take place, for Section 62 of the Act reads : —“ If the Council of any district have established a Maternity and Child Welfare Committee, and employ a Medical Officer of Health who, by the terms of his appointment, is restricted from engaging in private practice, the Council may apply to the Minister to be made the local supervising authority under the Midwives Acts, 1902 to 1926, and the Minister, if he is satisfied that the District Council are in a position to discharge the whole of the functions of a local supervising

authority under those Acts, may, by order, direct that the Council shall become the local supervising authority for the district in place of the County Council, and provide for the manner in which the expenses of the District Council and the County Council under those Acts are to be defrayed." Application was accordingly made to the Ministry of Health in June, 1929, to have the local Council made the supervising authority for this area, but a communication which has just been received from the Ministry states that the application has been refused. Apparently, so far as this County is concerned, Section 62 of the Act is to remain a worthless section, and yet in a neighbouring County authorities with smaller populations than Hyde are being encouraged to become supervising authorities under the Midwives' Acts. This refusal is keenly felt, for the Minister has the power to direct that the local Council shall become the supervising authority if he is satisfied that the local Council in question is in a position to discharge the whole of its functions as a supervising authority, and no indication has ever been given that the Hyde Council is incapable of undertaking that responsibility. The only reason given for the refusal is that the number of midwives practising locally is small; but surely their work, for that reason, could be all the more easily supervised. It seems reasonable to suggest that it is a much more difficult task for an official with headquarters in Chester, however capable he or she may be, to supervise the work of midwives practising in an area 40 miles away as closely and efficiently as could be done by the Medical Officer of Health living in the area itself. The latter is brought into closer touch with local practitioners and also with the mothers at the schools and child welfare centres, and so has every opportunity of gaining information which could never reach an inspector whose only knowledge of the district is gained by correspondence and occasional visits. Should cases of Puerperal Sepsis, etc., occur, the local M.O.H. could take immediate action, whereas at present two most valuable days must elapse before anything can be arranged by the County Supervisor. Moreover, local supervision would lead inevitably to closer co-operation between the Midwives and those who have been appointed by the local authority, with the approval of the Ministry, to carry out Maternity and Child Welfare work in the area.

### **CHEMICAL AND BACTERIOLOGICAL EXAMINATION.**

All Chemical Analyses and Bacteriological Examinations, with the exception of Sputum examinations, are carried out at the Public Health Laboratory, Manchester.

During the year 169 specimens of sputum were sent to the County Laboratory, Chester, to be examined for the presence of Tubercle Bacilli; 30 of these were positive and 139 negative.



The following is a tabular statement of the examinations made on behalf of the Health Department at the Public Health Laboratory, Manchester. The list includes specimens sent from the Isolation Hospital.

**UNIVERSITY OF MANCHESTER**  
**DEPARTMENT OF BACTERIOLOGY AND PREVENTIVE**  
**MEDICINE.**  
**BACTERIOLOGICAL EXAMINATIONS MADE DURING THE**  
**YEAR 1929 FOR THE MUNICIPAL BOROUGH OF HYDE.**

Month				Diphtheria		Typhoid Fever		Human Tuberculosis Sputum		Bovine Tuberculosis Milk	
				Total	Posi- tive	Total	Posi- tive	Total	Posi- tive	Total	Posi- tive
January	...	...	...	3	—	—	—	—	—	8	1
February	...	...	...	1	—	—	—	—	—	9	—
March	...	...	...	2	—	—	—	1	—	11	1
April	...	...	...	3	—	—	—	—	—	9	—
May	...	...	...	15	5	—	—	—	—	5	—
June	...	...	...	8	1	—	—	—	—	9	—
July	...	...	...	5	—	—	—	—	—	3	—
August	...	...	...	6	3	—	—	—	—	8	1
September	...	...	...	6	1	—	—	—	—	3	—
October	...	...	...	24	5	—	—	—	—	10	1
November	...	...	...	8	2	—	—	—	—	2	—
December	...	...	...	13	2	1	—	—	—	4	—
				94	19	1	—	1	—	81	4

**B. Various Investigations.**

Nature	No. of Samples
Milk, bacterial count ... ..	20
Ice Cream, bacterial count ... ..	7
Total No. of Specimens in List A ...	176
Total No. of Specimens in List A ...	27

Grand Total of Specimens received ... 203

In addition to the 101 samples of milk examined at the Public Health Laboratory, 306 samples were examined and graded according to the Gerber Test for Cleanliness at the Laboratory in the Town Hall. The results of these tests are given later.

**LEGISLATION IN FORCE.**

- 1870. The Hyde Local Board (Waterworks) Act.
- 1895. The Hyde Order, 1895, for altering Hyde Local Board (Waterworks) Act, 1870.
- 1903. The Hyde Corporation Act.
- 1912. The Hyde Order, 1912, for partially repealing and altering the Hyde Local Board (Waterworks) Act, 1870, and the Hyde Corporation Act, 1903.
- 1921. Order No. 67031 of the Ministry of Health, fixing scale of charges for water supply.

1928. Borough of Hyde (Public Health, etc.,) Order (No. 72340) as to Public Health Amendment Act, 1907; Public Health Act, 1925 and Hyde Corporation Act, 1903.
- 1928 Borough of Hyde, (Private Street Works Order (73037) Fixing the rate of interest on expenses of private street works.

### **General Adoptive Acts relating to the Public Health.**

The Public Health Acts (Amendment) Act, 1890, came into operation 14th April, 1891.

The Infectious Diseases (Prevention) Act, 1890 came into operation 14th April, 1891.

The Private Street Works Act, 1892, came into operation on the 13th June, 1899.

The Public Health Acts (Amendment) Act, 1907 (various sections), came into operation January 30th, 1928.

The Public Health Act, 1925, (adoptive sections), came into operation 30th January, 1928.

### **Bye-Laws relating to the Public Health.**

Date of coming  
into operation

Cemetery	...	...	...	...	...	...	...	...	26th May, 1877.
Common Lodging Houses	...	...	...	...	...	...	...	...	26th May, 1877.
Waterworks	...	...	...	...	...	...	...	...	12th August, 1878.
Market	...	...	...	...	...	...	...	...	6th August, 1886.
Offensive Trades	...	...	...	...	...	...	...	...	26th May, 1887.
Public Baths	...	...	...	...	...	...	...	...	4th September, 1889.
Nuisances	...	...	...	...	...	...	...	...	26th April, 1900.
Cleansing of Footways and Pavements	...	...	...	...	...	...	...	...	26th April, 1900.
Pleasure Grounds	...	...	...	...	...	...	...	...	16th May, 1908.
Parasitic Mange	...	...	...	...	...	...	...	...	21st February, 1910.
Means of escape in case of Fire	...	...	...	...	...	...	...	...	14th July, 1921.
New Streets and Buildings	...	...	...	...	...	...	...	...	19th August, 1926.
Houses Let in Lodgings	...	...	...	...	...	...	...	...	11th November, 1926.
Smoke Abatement	...	...	...	...	...	...	...	...	21st December, 1927.
Slaughter Houses	...	...	...	...	...	...	...	...	21st December, 1927.

## **SANITARY CIRCUMSTANCES OF THE AREA.**

### **Water Supply, Drainage and Sewerage.**

Water for human consumption is obtained from the Manchester reservoirs, and was satisfactory throughout the year. Water supplies in most areas were heavily taxed during the prolonged period of drought experienced in the early part of the summer, but the local supply throughout proved adequate. The number of houses in the Borough having direct water supplies is now 8,789, out of a total of 8,921. The length of water mains is 48 miles, 4 furlongs, 300 yards.

The average consumption of water per head of the population, calculated for the year, was 19'75 gallons per day, of which 5'93 gallons are used for domestic purposes and the remaining 13'82 gallons for manufacturing purposes.

The main scheme of drainage and sewerage disposal has been described in previous reports. Little change occurred during the year, apart from a few additions brought about by the erection of 54 new houses.

### Rivers and Streams.

The River Tame, a tributary of the Mersey, forms one boundary of the Borough. A check on its pollution is exercised by the Mersey and Irwell Joint Rivers Board.

### Closet Accommodation.

The number of closets of the various types at the end of 1929 was as follows:—

W.C.'s with Cistern Flush.	Hand Flushed W.C.'s.	Waste Water Closets.	Privies.	Pails.
3520	1254	3909	53	207

The chief alteration in the above figures from those of the previous year was brought about by the erection of 54 new houses and the completion of Greenfield Street School, which added 34 W.C.'s to the number already in use. The number of waste water closets was reduced by 3, whilst the hand closets, which have always proved most unsatisfactory, were reduced to 17. All of these were replaced by pedestal W.C.'s with cisterns. Pail closets were also reduced by 14; and of the privies, which numbered 64 at the beginning of the year, 10 were replaced by water closets, and in one case, where no water supply was available, a pail closet was substituted. This reduction in the number of privies is most welcome, for closets of this type undoubtedly constitute a serious nuisance to health. Of the 53 still remaining, 29 are so situated that conversions can be demanded. All of these are in a single estate, and, as stated in last year's report, the trustees have promised to deal with a block of houses each year until all the necessary conversions have been carried out. A large reduction is expected during the present year.

The following is a summary of the conversions effected last year:—

From Hand Flushed to Pedestal W.C.'s with Cisterns ...	...	17
From Waste Water Closets to Pedestal W.C.'s with Cisterns ...	...	3
From Pails to Pedestal W.C.s with Cisterns ...	..	15
From Privy to Pedestal W.C.'s with Cisterns ...	...	10
New and additional Pedestal W.C.'s with Cisterns ...	...	86
Total ...	...	131



## Scavenging.

The arrangements in operation for the collection, removal and disposal of domestic refuse were unchanged during the year. Practically all the refuse is taken to the Destructor (97 per cent.), where every load is weighed, and so records are available to show not only the total amount of refuse collected but also the amounts carried by each of the carts. From these figures it is possible to obtain an accurate calculation of the cost per ton for refuse removal during the year.

The following tabular statement gives a comparison of the costs, etc., last year, with those of the previous year (1928), which was the first year for which accurate records of weights are available :—

	1928.	1929.
Number of Loads Collected ... ..	5543	5958
Total Amount Collected in Tons ... ..	7144	7110
Net Cost of Collection and Removal ... ..	£3264	£3273
Cost per Ton ... ..	9s. 1½d.	9s. 2½d.
Cost per 1,000 Houses ... ..	£368 10s.	£367
Cost of service on Rates ... ..	4·56d.	5·02d.

It will be seen from the above figures that, although the number of houses increased during the year the amount of refuse collected was slightly less than in the previous year. The fall in weight occurred chiefly during the summer months, and can be accounted for by the exceptionally good weather experienced, which caused the domestic consumption of coal to be less than usual.

The net cost of removal and the cost per ton are slightly higher than in the previous year, but this increase was due to the increased charges made by the Teams Committee for the hire of horses. In 1928 the charge for a horse and cart was 2/6 per hour, or £1 per day, but during the period to which the above figures relate the charge was 2/7 per hour, representing an additional 8d. per day per cart, or 22/- per week for the 6 horses and carts in regular employment. Even with these increased charges, it will be seen that the cost per thousand houses is very slightly less than in the previous year.

The increased charge of the service upon the rates is, of course, accounted for by the fall in rateable value as the sum represented by a penny on the rates in 1929 was £653 compared with £717 in the previous year.

Complaints continue to be received regarding the nuisance caused by dust being blown about when the contents of ashbins are being emptied into the carts for removal. These complaints are undoubtedly fully justified, for although waterproof covers are provided it is impossible for the fillers, however careful they may be, to prevent dust and other light material from being scattered by the wind



during loading operations. The new type of S.D. Freighter, with its metal cover, which opens in sections operated by foot levers, seems to offer a solution to this problem and the purchase of one of these vehicles was recommended recently by the Health Committee. In addition to being more sanitary there is every reason to believe that the use of a vehicle of this type would reduce the cost of refuse removal, for experiments carried out in the area two years ago showed that in dealing with outlying districts the cost per ton was less when the freighter was used than when the present system of removal by horse and cart was employed. One often hears discussions and arguments concerning the comparative costs of horse versus motor transport, but in considering a matter of this kind a most important factor is the type of work to be undertaken. In refuse removal the wages of the fillers amount to almost as much as the cost of transport, and anything which enables them to get through their work more quickly must reduce to some extent the cost of the service. With horse drawn vehicles there is so much difference between the time taken on a journey to the destructor from say the nearest street, compared with the long period necessary for a load to be brought from the outskirts of the Borough, that either the fillers cannot keep pace with the carts on the short pulls, or they must waste time waiting for the carts to come along on the long pulls. With a motor vehicle, on the other hand, the time spent on the journey to the destructor from any part of the area is so nearly constant that the time of the fillers can be kept fully occupied. It is this time factor which balances the high cost of the motor vehicle and enables it to compete so successfully with the horse for refuse removal work.

At the end of the year 1929 the number of ashpits, ashbins, etc. in use was stated by the refuse removal foreman to be as follows:—

Ashbins	Ashpits	Privy Middens	Septic Tanks or Cess Pools
8710	278	15	16

### **SANITARY INSPECTION OF THE AREA.**

The following tabular statement has been prepared by the Sanitary Inspectors in accordance with Article 19 of the Sanitary Officers Order, 1926, and contains information concerning:—

- (a) The number and nature of inspections made by them during the year.
- (b) The number of notices served during the year, distinguishing statutory from informal notices.
- (c) The result of the service of such notices.

TABLE 13.

## Tabular Statement of Inspections for Nuisances for the Year ended December 31st, 1929.

Nature of Inspections made	Number	Number of Notices Served		Result of Service of Notices		
		Statutory	Informal	Notices com- plied with	Remaining in hand	Further action taken.
Dwelling Houses (general inspections).....	286	78	123	76	2	2 passed to Borough Surveyor's Depart- ment to carry out work
Revisits to Property under notice.....	210	...	...	...	...	...
Tents, Vans and Sheds .....	41	...	5	...	...	...
Courts, Yards, and Passages .....	18	...	...	...	...	...
Privy Middens.....	1	...	...	...	...	...
Pail Closets .....	56	...	...	...	...	...
Ashpits .....	25	...	...	...	...	...
House Drainage .....	516	...	45	45	...	...
Ditches and Watercourses .....	3	...	...	...	...	...
Offensive Accumulations .....	32	...	16	16	...	...
Keeping of Animals.....	5	...	...	...	...	...
Offensive Trades .....	4	...	...	...	...	...
Slaughterhouses .....	1667	...	...	...	...	...
Food Premises .....	2651	...	...	...	...	...
Piggeries.....	1	...	...	...	...	...
Cowsheds .....	186	...	4	2	2	...
Milkshops .....	41	...	7	7	...	...
Factories .....	7	...	...	...	...	...
Workshops .....	4	...	1	1	...	...
Workplaces .....	47	...	...	...	...	...
Outworkers' Premises .....	30	...	...	...	...	...
Bakehouses (Overground).....	42	...	1	1	...	...
"    (Underground) .....	1	...	...	...	...	...
Common Lodging Houses .....	3	...	...	...	...	...
Houses let in Lodgings .....	41	...	10	9	1	...
Smoke Observations .....	38	5	7	7	...	...
Infectious Diseases.....	268	...	...	...	...	...
Miscellaneous Milk Samples .....	288	...	...	...	...	...
Miscellaneous .....	225	...	...	...	...	...
Renewal of Ashbins .....	...	...	251	251	...	...
Insufficient Closet Accommodation .....	...	7	...	3	4	4 passed to Borough Surveyor to carry out work.
Totals.....	6737	90	470	418	9	



## SMOKE ABATEMENT.

### Factory Chimneys.

The number of smoke observations taken during the year was 38, and in 7 of these unsatisfactory results were obtained. The bye-law in operation locally regarding the emission of smoke states that "the emission of black smoke for a period of two minutes in the aggregate within any continuous period of thirty minutes, from any building other than a private dwelling-house, shall be presumed to be a nuisance." In the seven cases where the limit was exceeded the managers, or works' engineers, were interviewed immediately after the observations had been taken, and subsequently particulars concerning the offences were forwarded in writing, as required by the Public Health (Smoke Abatement) Act, 1926. In two cases the excessive emission of smoke was found to be due to accidental causes, being the result of mechanical breakdown, which was soon rectified. In the remaining five cases legal notices were served, in accordance with the instructions of the Health Committee, requiring the abatement of the nuisance, and warning the firms concerned that legal proceedings would be instituted in the event of a recurrence.

### Railway Engines.

Complaints were received during the year of excessive emission of smoke from railway engines. Observations were taken accordingly by the Sanitary Inspectors, and two engines, running on different branch lines, were noticed to be sending out black smoke in such quantity as to cause a nuisance. Warning letters were forwarded to the respective district Locomotive Superintendents of the lines in question, stating the time and place at which the offences occurred, and quoting in each case the number of the engine. Replies were received that the matter had been taken up with the drivers concerned, and that special instructions had been given to enginemen, warning them that they must be careful to give no cause for complaint of this kind in future. Further observations taken subsequently have shown that the nuisance complained of has been abated.

### Domestic Chimneys.

There are no regulations, or bye-laws, in operation dealing with the emission of smoke from domestic chimneys, unless the householder allows his chimney to become so heavily encased with soot that it "catches fire," when he renders himself liable to prosecution under the Town Police Clauses Act, 1847.

There is no doubt most of the smoke cloud which envelopes our town originates from domestic chimneys. It constitutes a real nuisance for it causes destruction to property, checks the growth of vegetation and increases the prevalence of respiratory diseases. Its abatement, however, is a difficult problem for which the true

solution has still to be found. The Englishman's love for an open fire place is often referred to as the chief stumbling block to progress, for it has been pointed out how tenaciously he clings to it in spite of all the smokeless methods of heating which have been introduced. The truth about the matter, however, is that the open coal fire, although most destructive and wasteful, is still the cheapest method of heating within his reach. Electricity and Gas are excellent substitutes and some of the smokeless fuels on the market are quite satisfactory, but their price must be reduced considerably before we can look to them to solve the smoke nuisance problem. We may call attention in the press, by lectures, by posters, and by every means in our power, to the damage caused by smoke and the great waste of the nation's wealth which is taking place daily by the burning of coal in open fireplaces, or we may display in show-rooms, or at the health exhibitions, the convenience, the cleanliness or the beauty of other methods of heating, but the one question which every householder asks is this—is it cheaper to heat my house by this method than it is by using ordinary coal? The answer to that question is the one which weighs with him more than any other and to it we must look for the solution of the whole problem. Legislation has almost succeeded in eliminating the factory smoke nuisance, but it can never be expected to banish the domestic chimney smoke, for after all, legislation is merely the expression of public opinion.

## **PREMISES AND OCCUPATIONS CONTROLLED BY BYE-LAWS, ETC.**

### **Offensive Trades.**

The only trade classified as offensive which is carried on in the Borough is tripe dressing. There are 5 premises registered for this purpose. These are situated as follows:—

- (1) Works at rear of 211, Ashton Road.
- (2) Works at rear of Canal Street.
- (3) Works at rear of 29, Bank Street.
- (4) Works at rear of 29, Bank Street.
- (5) Works at rear of 30, Clarendon Place.

### **Common Lodging Houses.**

There are two common lodging houses, both of which are reserved for men only. One of these has 47 beds and the other 17 beds. Neither building can be described as ideal for the purpose, but both are reasonably well kept.

### **Houses-Let-in-Lodgings.**

The Bye-Laws adopted in 1926 respecting Houses-Let-in-Lodgings apply to all houses occupied by members of more than one family; and although they have now been in operation more than 3 years, their requirements are by no means fully appreciated even yet. Few householders seem to realise that when they sub-



let a portion of their house to other families the number of persons permitted to occupy the house is determined by the Bye-Laws according to the cubic capacity of the rooms. Moreover, there are special requirements for promoting the cleanliness and ventilation of such houses which must be complied with. The number of Houses-Let-in-Lodgings is constantly varying, but records at present available show their number to be 184.

**SANITARY CONDITIONS OF SCHOOLS.**

These are dealt with in the School Medical Section of this report.

**OUTWORKERS.**

Lists of outworkers are received from the various firms in the Borough employing such labour, and also from the Health Departments of surrounding districts, with regard to outworkers resident in Hyde. Lists were received from six firms during the past year, and altogether 31 outworkers were reported; 30 of these were employed at hat-finishing and only one at dressmaking.

**FACTORIES AND WORKSHOPS.**

The routine inspection of Factories and Workshops is performed by the Factory Inspector for the district who reports any sanitary defects discovered by her to the Health Department for necessary action. No complaints were received from her during the year. A few inspections for various purposes were carried out by the Sanitary Inspectors and these have been tabulated below in accordance with the Factory and Workshops Act, 1901.

**1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.**

**Including Inspections by Sanitary Inspectors.**

Premises	Number of Inspections	Written Notices
FACTORIES (including Factory Laundries) ...	7	—
WORKSHOPS (including Workshop Laundries)	4	1
WORKPLACES ... ..	47	—
	58	1

**2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.**

Particulars	Number of Defects Found	Remedied
Sanitary Accommodation. Insufficient ... ..	1	1
Sanitary Accommodation. Unsuitable or Defective ... ..	—	—
	1	1

## HOUSING.

The following statistics for the year 1929 are given in the form indicated by the Ministry of Health.

### NUMBER OF NEW HOUSES ERECTED DURING THE YEAR.

(a)	Total (including numbers given separately under (b))	54
(b)	With State assistance under the Housing Acts	
(1)	By the Local Authority ... ..	—
(2)	By other bodies or persons ... ..	54

#### 1. Unfit Dwelling-houses.

Inspection—(1)	Total number of dwelling-houses inspected for defects (under Public Health or Housing Acts) ... ..	340
(2)	Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... ..	135
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	2
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ... ..	123

#### 2. Remedy of Defects without Service of Formal Notices.

	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... ..	45
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#### 3. Action under Statutory Powers.

##### A.—Proceedings under section 3 of the Housing Act, 1925.

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs ... ..	78
(2)	Number of dwelling-houses which were rendered fit after serving of formal notices :—	
(a)	By owners ... ..	74
(b)	By Local Authority in default of owners ...	2
(3)	Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close... ..	—

##### B.—Proceedings under Public Health Acts.

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	7
(2)	Number of dwelling-houses in which defects were remedied :—	
(a)	By owners ... ..	3
(b)	By Local Authority in default of owners ...	—

C. Proceedings under section 11, 14, and 15 of the Housing Act, 1925 :—

(1)	Number of representations made with a view to the making of Closing Orders...	2
(2)	Number of dwelling-houses in respect of which Closing Orders were made ...	2
(3)	Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ...	1
(4)	Number of dwelling-houses in respect of which Demolition Orders were made ...	—
(5)	Number of dwelling-houses demolished in pursuance of Demolition Orders ...	—

It will be seen from the above list that a total of 54 houses were erected during the year. This number is small compared with the numbers erected during the previous two years (308), but no houses were demolished during the past year, and an addition of 54 represents a valuable contribution to the housing needs of the area. It is extremely difficult at the present time to state with any degree of accuracy how far these needs have been satisfied, but the reports of the Sanitary Inspectors and Health Visitors show that there are still many families living under overcrowded conditions because they find it impossible to obtain more suitable accommodation. During the present year an estimate will have to be made of the requirements in this respect, for the new Housing Bill instructs Local Authorities to consider its housing needs, and to submit a housing programme "in 1930, and every five years thereafter."

### INSPECTION AND SUPERVISION OF FOOD.

#### (a) Milk Supply.

The register of cowkeepers at the close of the year contained 41 names, this number being 2 less than in 1928. One of the removals was the owner of a small holding which had been constructed on experimental lines and was discontinued. In the other case the occupier of the premises died, and the business conducted there was taken over by another farmer living in the vicinity, who was already registered as a Cowkeeper. As these two producers were milk purveyors as well as cowkeepers, their names were removed also from the register of Milk Purveyors, and consequently the number of milk Purveyors was reduced from 110 to 108. Other changes occurred in both registers, but these were merely alterations of names brought about by transfers of ownership, or of business, from one person to another.

During the year one application was made and granted for a supplementary licence to sell Grade A milk in the district by a farmer whose premises are situated in a neighbouring area. At the close of the year this was the only purveyor registered in the Borough under the provisions of the Milk (Special Designations) Order, 1923.



A considerable amount of attention has been given during recent years to the milk supply of the Borough with a view to improving its standard of cleanliness and rendering it really safe for human consumption. Milk is one of the most valuable food stuffs obtainable, for the young especially; but it must be clean to be wholesome and it cannot be recommended as an article of diet either for young, or old, unless it can be guaranteed to be free from all pathogenic, or disease producing, germs. As a tribute to the efforts which have been made by most of the milk producers of the area to meet these requirements, one welcomes the opportunity to call attention to the results of examinations of samples carried out during the year, for these results show that, generally speaking, the milk sold is of excellent quality.

A large number of samples were again examined by the Gerber Test and these have shown that the improved standard of cleanliness reported in previous years has been maintained. By this test a fixed quantity of milk is passed through a filter of standardised mesh and the milk is graded according to the amount of extraneous matter deposited upon the filter; the marks allotted, ranging from 0 to 50, are awarded by comparing the colour and density of the deposit with certain fixed standards.

The following table shows the marks awarded in connection with 306 samples examined last year:—

Number of marks awarded										Number of samples examined	
50	...	...	...	...	...	...	...	...	...	...	7
45	...	...	...	...	...	...	...	...	...	...	33
40	...	...	...	...	...	...	...	...	...	...	125
35	...	...	...	...	...	...	...	...	...	...	64
30	...	...	...	...	...	...	...	...	...	...	32
25	...	...	...	...	...	...	...	...	...	...	15
20	...	...	...	...	...	...	...	...	...	...	14
15	...	...	...	...	...	...	...	...	...	...	2
10	...	...	...	...	...	...	...	...	...	...	6
5	...	...	...	...	...	...	...	...	...	...	0
0	...	...	...	...	...	...	...	...	...	...	8
											306

It will be noted from this table that 229, or roughly 75 per cent. of the samples, obtained 35 marks or more. A comparison of this percentage with those obtained in a similar manner for the previous 4 years is given by the following figures:—

Year.	Percentage accorded 35 marks or more.						
1925	...	...	...	...	...	...	38 per cent.
1926	...	...	...	...	...	...	60 per cent.
1927	...	...	...	...	...	...	72 per cent.
1928	...	...	...	...	...	...	75 per cent.
1929	...	...	...	...	...	...	75 per cent.

In addition to testing samples of milk by the comparatively simple Gerber test, other samples are sent to the Public Health Laboratory, Manchester, or to the Cheshire School of Agriculture, Reaseheath, to determine their bacterial contents, for the purity of the milk, and also its keeping quality, depend essentially on the number and variety of bacteria present. The amount of dirt present, as determined by the Gerber test, is a fairly reliable guide to its purity; but as heavily polluted milk, after careful filtration, may give a good result by this test, a few samples are examined each year bacteriologically to make certain that the improvement recorded is being maintained, not by filtration, but by the adoption of cleaner methods in handling the milk. In estimating the bacterial contents of milk samples, it is usual to compare the results with the standards laid down by the Milk (Special Designations) Order, 1923, which fixes the standards for graded milks. These standards are :—

#### **Certified Milk.**

Not more than 30,000 bacteria allowed in 1 cubic centimetre and no bacillus coli allowed in 1/10 c.c.

#### **Grade "A" Milk.**

Not more than 200,000 bacteria allowed in 1 cubic centimetre and no bacillus coli allowed in 1/100 c.c. Of 30 samples submitted for examination last year

15 were of certified standard or above.

4 were below certified but equivalent to grade "A" Standard.

11 were below grade "A" standard.

As these samples may be taken as a fair average, we may assume that over 60 per cent. of the milk sold in the district is up to Grade "A" standard in cleanliness.

Besides aiming at a clean milk supply, an attempt has been made with some measures of success, to secure a supply that can be guaranteed free from the presence of Tubercle Bacilli. It may be remembered that in the year 1928, out of 55 samples examined 9 or 16 per cent. were found positive. This startling fact caused more attention to be directed to the matter, and out of 81 samples examined last year only 3 or 3·7 per cent. were found to be positive. The amount of Tubercle Bacilli present in the milk was in all cases very small, for the samples were of mixed milks and the infected cows in all three cases showed no obvious signs of Tubercular infection. However, even the smallest amount is dangerous, and everything possible is being done to carry the improvement recorded even farther. In some areas veterinary inspectors have been appointed to carry out routine inspections of the cattle but the



futility of such examinations is illustrated by the three cases dealt with during the year where the veterinary inspector who visited the farms was unable to pick out the infected animals by clinical examination even with the knowledge that the milk supply from those farms contained Tubercle Bacilli. It is evident that more satisfactory results may be obtained by examining samples of milk at frequent intervals for, by inoculation tests, as carried out at Manchester Public Health Laboratory and at the Cheshire Agricultural School, the presence of only a few Tubercle Bacilli can be detected. Tests such as these are necessarily expensive, but the total cost is a mere fraction of the amount expended annually in providing treatment for persons suffering from Tuberculosis and in securing a Tubercle free milk supply we are eliminating what has undoubtedly been in the past a fruitful source of infection.

**(b) Meat and other Foods.**

So far as numbers go the district is well supplied with Slaughter Houses, for there are 24, eleven being licensed and 13 registered. The majority, however, are poor structures, difficult to keep clean, and lacking in many of the facilities which are always associated with a well equipped slaughter house. Moreover, their widely scattered distribution, although probably a convenience for the butchers, is a great disadvantage from the public officials' point of view, for it adds greatly to the difficulties of close supervision and efficient inspection of the meat.

These difficulties have been greatly lessened by the appointment during the past year of an additional Sanitary Inspector, for all three Sanitary Inspectors hold the meat inspector's certificate, and, with each bearing his share of the inspection work, frequent visitation of the slaughter houses and shops is possible.

Generally speaking, the local butchers have conscientiously endeavoured to carry out the various provisions of the Public Health (Meat) Regulations, and to conform with the local bye-laws in the matter of cleanliness of their slaughter houses and in the use of mechanically operated instruments for stunning animals prior to slaughter. Our experience has been that anything suspicious discovered during, or after, slaughter is immediately reported, and that no attempt has been made to conceal diseased conditions, even when it is evident that these conditions, if brought to notice, will mean considerable loss to the butcher concerned. A few minor points require more attention. For example, the handling of the meat during transit from the slaughter house to the shop does not always receive the attention demanded by the above-mentioned Regulations. The following figures give the quantities of meat and other food stuffs condemned during the year as unfit for human consumption :—



Article.	Disease or Condition.	Tons.	Cwts.	Qrs.	Lbs.
Meat ... ..	Tuberculosis, Bovine ...	1	1	2	5
	„ Pig... ..		1	6	3
	Distomatosis, Bovine ...		2	1	22
	„ Sheep ... ..				8
	Abscesses ... ..			1	24
	Hydatid Cysts ... ..				16
	Bruising ... ..			1	15
	Pneumonia ... ..				6
Fish ... ..	Fibrosarcoma ... ..			1	0
Chestnuts... ..	Unsoundness ... ..			1	22
Grapes ... ..	Unsoundness ... ..				7
Bitter Beans ...	Bean Weevil ... ..			3	19
Total... ..		1	9	1	7

The following is a list of all the visits carried out during the year in connection with the inspection of food :—

To Slaughterhouses ... ..	1667
To Bakehouses ... ..	43
To Milkshops ... ..	41
To other places where food is produced or sold ... ..	2651
Total ... ..	4402

During the summer months, when the sale of ice cream was at its peak, samples were taken from the various sources of supply in the Borough and sent to the Public Health Laboratory, Manchester, for examination. Unfortunately, at the present time there is no definite standard for ice cream, either as to its composition or its purity, and, as might be expected under such circumstances, the seven samples examined showed wide differences, varying from what really deserved to be called clean and nutritious, to what could only be described as filthy and dangerous. Indeed, two of the samples might have been more correctly described as frozen manure rather than ice cream, for it is doubtful if they contained any cream whatsoever, and they were certainly swarming with those bacteria which are invariably associated with manure. In these cases the vendors were warned that if they wished to be allowed to sell Ice Cream in the area in future they must take greater care in its preparation.

### (c) Adulteration of Food.

The Sale of Food and Drugs Act, Milk and Cream Regulations, and the Condensed and Dried Milk Regulations, are administered by the Hyde Borough Police. The following is a list of the samples submitted to the Public Analyst for examination during the year. All the samples were found on examination to be satisfactory :—

Sample examined.									Number of Samples.
New Milk	...	...	...	...	...	...	...	...	27
Coffee	...	...	...	...	...	...	...	...	5
Cocoa	...	...	...	...	...	...	...	...	3
Self-Raising Flour	...	...	...	...	...	...	...	...	3
Custard Powder	...	...	...	...	...	...	...	...	1
Baking Powder	...	...	...	...	...	...	...	...	1
									—
									40

## HEALTH EDUCATION.

No special effort in the nature of Health Education was undertaken during the year. Occasional intensive efforts, such as Health Weeks and Health Exhibitions are of undoubted value, and our experience with those held at the early part of the present year convinced us that their value may be very great indeed, but the best results in health education are obtained not by spasmodic efforts, but by the steady routine performance of every day services. The more thoroughly these services are carried out the greater is their educational value.

In the matter of health propaganda, the "Better Health" Journal occupies a prominent place; 2,000 copies are distributed every month, and its popularity has increased until the demand for copies has now exceeded the supply. The educational value of this little journal for children is undoubtedly high.

Other special efforts undertaken are the lectures given at the Child Welfare Centre to senior school girls who attend in groups of 14, for 6 weeks in succession, and the competitions in essay writing, or in painting, carried out in conjunction with the Royal Sanitary Institute and with the Health and Cleanliness Council. Various public lectures dealing with health subjects are also given as opportunities present themselves.

TABLE 14.

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1929.  
(Excluding Tuberculosis and Ophthalmia Neonatorum).

Notifiable Disease	Under 1 year	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 to X	At all ages to Hos- pital	Cases admitted to Hos- pital	Total Deaths
Scarlet Fever.....	1	1	5	14	20	101	37	14	5	1	—	—	199	196	3
Diphtheria .....	—	—	1	1	2	11	1	—	3	2	1	—	22	21	—
Pneumonia .....	11	7	3	4	1	19	6	6	21	8	17	5	108	—	36
Erysipelas .....	—	—	—	—	—	—	—	—	—	3	6	1	10	1	1
Puerperal Fever.....	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—
Puerperal Pyrexia.....	—	—	—	—	—	—	—	1	3	1	—	—	5	5	—
Typhoid Fever .....	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1
Small-pox.....	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—
	13	8	9	19	23	131	44	21	33	15	24	7	347	226	41



## RAG FLOCK ACTS, 1911 AND 1928.

These Acts prohibit the sale, or use, of unclean flock manufactured from rags, for the purpose of making any article of upholstery, cushions, or bedding. There are no premises in the area where flock of this description is manufactured.

## INFECTIOUS DISEASES.

Excluding Tuberculosis and Ophthalmia Neonatorum, there were 347 cases of Infectious Disease notified during the year, this number being exactly 200 more than in 1928. Two factors were responsible for this increase. One was the Influenza Epidemic, which caused such widespread illness during the early part of the year, and increased the number of notifications of Pneumonia from 55 in 1928 to 108 last year. The other was an epidemic of Scarlet Fever, which began in the Autumn season, and caused the number of notifications from this disease to jump from 54 in 1928 to 199 last year. Generally speaking, the type of Scarlet Fever prevalent was mild in character, though a few severe cases were met with, and 3 cases ended fatally. In one of these the illness was complicated by the presence of Whooping Cough.

The notifications of Diphtheria were 4 less than in the previous year, and there were no deaths from this disease.

It will be observed from Table 14 that 6 cases of Puerperal Pyrexia (or Fever) were notified, and that all were treated in hospital, but only four of these were treated under the Authority's scheme at Ashton Infirmary. The remaining 2 were dealt with at Stepping Hill Poor Law Hospital. The patients in all these cases recovered.

Table 14 shows that one case of Typhoid Fever was notified during the year, and the patient's death, which occurred within a few days, was certified to be due to this disease, but the bacteriological report on the case, received after death had occurred, did not support the diagnosis of Typhoid Fever.

It will be observed that one case of Smallpox was notified during the year and treated in the Smallpox Hospital. This was an unvaccinated child, who apparently had the infection brought home to him by his grandfather, for the latter was employed at that time in a neighbouring area where Smallpox was prevalent. Although this was the only case which developed in the area, several local contacts of cases in neighbouring areas were reported, and in two instances girls, who lived outside our district, had been working in local factories whilst suffering from the disease in its early stage. Fortunately no spread of infection occurred, and our thanks are due to the Managers of the factories concerned for their most valuable assistance in tracing contacts, getting every one of these contacts vaccinated, and keeping them under observation subsequently.

A comparison between the case rate of infectious diseases locally and that of England and Wales as a whole during the past year is shown by the following figures :—

Disease	Case Rate per 1,000 population		
	In Hyde	In England and Wales	
Small-pox...	0'03	...	0'28
Scarlet Fever	6'1	...	3'05
Diphtheria	0'67	...	1'59
Enteric Fever	0'03	...	0'07
Puerperal Fever	0'03	...	0'06
Puerperal Pyrexia	0'15	...	0'14
Erysipelas	0'3	...	0'45

A supply of Diphtheria Anti-toxin and also of Scarlet Fever Anti-toxin is always available either at the Health Department, or at the Isolation Hospital, but it is seldom required by private practitioners, for as shown in Table 14, 98 per cent of the cases of Scarlet Fever and 96 per cent of the cases of Diphtheria were last year admitted to Hospital. At Hospital, Diphtheria Anti-toxin is, of course used in the treatment of every case. The majority of cases of Scarlet Fever admitted are so mild in type that the use of Anti-toxin is unnecessary, but it has been found most beneficial in dealing with severe cases. Unlike Diphtheria Anti-toxin, the Scarlet Anti-toxin appears to influence the severity of infection even when used at a late stage in the illness. It has also been employed with good results in severe cases of Erysipelas.

All new members of the Hospital Staff, and of the Police Force, are Schick tested, to ascertain their susceptibility to Diphtheria and if necessary they are given the immunising inoculations subsequently, but in view of the small number of cases of Diphtheria notified no attempt has been made to carry out Schick testing on an extensive scale.

**DISINFECTION OF PREMISES, BEDDING, &c.**

For the disinfection of articles which have been exposed to infection two disinfectors are available. One of these is at the Smallpox Hospital, and is reserved for dealing with Smallpox cases only. The other, at the Infectious Diseases Hospital, is used for general purposes. Disinfection by steam is always employed in dealing with Smallpox cases, but in connection with the ordinary infectious diseases disinfection by formalin vapour is the routine method applied.

The following are the particulars of disinfection, etc., carried out during the year :—

Scarlet Fever.	Tuberculosis.	Diphtheria.	Typhoid.	Cancer.
200	21	32	1	3
Number of beds destroyed (at owner's request)...				73
Number of mattresses destroyed (at owner's request)				107
Bundles of clothing destroyed (at owner's request)				29



## OPHTHALMIA NEONATORUM.

The following particulars, asked for by the Ministry of Health, are given in tabular form:—

Cases Notified	At Home	Treated In Hospital	Vision Unim- paired	Vision Impaired	Total Blind- ness	Deaths
3	...	2	...	1	...	3
...	...	...	...	...	...	...

## TUBERCULOSIS.—NEW CASES AND MORTALITY DURING THE YEAR 1929.

Age Period.	New Cases.						Deaths.	
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	...	...	—	—	—	—	—	—
1	...	...	—	—	2	3	—	—
5	...	...	—	1	4	1	—	—
10	...	...	—	2	1	0	1	—
15	...	...	4	5	3	1	2	2
20	...	...	—	1	1	—	2	—
25	...	...	2	5	1	2	—	—
35	...	...	7	1	1	1	3	—
45	...	...	7	1	—	—	5	1
55	...	...	4	—	1	2	2	1
65 & upwards	—	—	1	—	—	—	—	—
Totals	24	17	14	10	15	6	2	1

The number of new cases of Tuberculosis notified during the year is shown above to have been 65, this number being 10 more than in 1928. The number of deaths (24) was not only the same as in the previous year, but, by a strange coincidence, the numbers from Pulmonary and Non-Pulmonary causes were exactly the same as in 1928, being 21 from Pulmonary causes and 3 from Non-Pulmonary.

Notification of cases in the area continues to be satisfactory, though four deaths of patients, who had not been notified, occurred during the year. In one case, where a patient developed Meningitis, the real cause of the disease was not recognised until a late stage in the illness. In the remaining three cases the doctors in charge were under the impression that the cases had already been notified.

No occasion has yet arisen when it has been found necessary to make use of the powers conferred by the Public Health (Prevention of Tuberculosis) Regulations, 1925, to enforce anyone suffering from Tuberculosis to give up his, or her, employment in the interests of the General Public, though on a few occasions, where persons who were suffering from the disease proposed to commence work in posts concerned with the handling of food, the provisions of these regulations were pointed out, and the patients were persuaded to seek a different type of employment. Nor has it been found



necessary to take action under section 62 of the Public Health Act, 1925, which confers powers to compel any person to be removed to hospital on the ground that there is serious risk of infection to other persons.

The District Tuberculosis Officer, Dr. L. I. Henzell, M.D., B.Sc., D.P.H., has kindly supplied the following statement regarding Tuberculosis work in the area.

The following is a summary of the work done at the Hyde Dispensary for the year 1929 on persons resident in the Borough of Hyde ;—

NEW CASES EXAMINED IN 1929.

	Pulmonary				Non-Pulmonary			
	Adult		Child		Adult		Child	
	M	F	M	F	M	F	M	F
Definitely Tuberculous ... ..	11	14	—	2	4	3	4	1
Doubtfully Tuberculous ... ..	4	2	1	—	—	—	—	—
Non-Tuberculous ... ..	21	42	31	22	—	1	—	—
Totals—Definitely Tuberculous, Pulmonary ... ..					...	...	...	37
Non-Pulmonary ... ..					...	...	...	12
Doubtfully Tuberculous ... ..					...	...	...	7
Non-Tuberculous ... ..					...	...	...	117

Included in the “Tuberculous” cases examined, are 5 Pulmonary and 1 Non-pulmonary patients who came to reside in the Borough during the year from addresses outside the Borough.

In addition to the examinations carried out at the Dispensary, 56 patients were seen at their own houses, of whom 22 were seen in consultation with their respective private practitioners. 406 visits to homes of patients were made by the Health Visitor.

Treatment for patients has been provided as in previous years through the channels of the Cheshsre County Councils’ Tuberculosis Scheme. The following are particulars of treatment provided for Hyde cases :—

	Males.		Females.		Children.		Total.
Sanatoria ... ..	15	...	8	...	1	...	24
Training Colonies ... ..	2	...	—	...	—	...	2
Pulmonary Hospitals ... ..	17	...	5	...	—	...	22
General Hospitals... ..	2	...	2	...	1	...	5
Orthopædic Hospitals ... ..	1	...	1	...	—	...	2
Convalescent Homes ... ..	—	...	—	...	1	...	1
Skin Hospitals ... ..	1	...	—	...	1	...	2
Sunlight Treatment ... ..	2	...	4	...	15	...	21
	40		20		19		79

L. I. HENZELL, M.D., B.Sc., D.P.H.  
District Tuberculosis Officer.

## MATERNITY AND CHILD WELFARE.

Many of the results of Public Health Work pass along unobserved, for they are never so dramatic, or self-evident, as those achieved by surgery, or even by medicinal treatment, but there are many straws which, if looked for, indicate the way in which the wind is blowing. One of these is the gradual fall in Infantile Mortality since the beginning of the present century. A rise from 54·5 in 1928 to 92·6 last year is not disconcerting, for, as has been mentioned in previous reports, when comparatively small areas are under consideration, the numbers of births and deaths every year are relatively few, and so considerable variations in the annual mortality rates must be expected. Moreover, occasional epidemics, such as the Influenza epidemic of last year, are bound to leave their mark behind them. Consideration must be given instead to the averages of longer periods than one year. For example, averages for groups of 5 years constitute a more reliable guide, and if we divide the last 29 years into 5 years periods, and then determine the average infantile mortality for each of these periods we obtain the following figures:—

1901-1905	...	190·4	1916-1920	...	103·8
1906-1910	...	155·8	1921-1925	...	84·4
1911-1915	...	143·0	1926-1929 (4 years)		77·9

A gratifying feature about the work is that the mothers are gradually appreciating more and more all that is being done for their children, and are taking fuller advantage of the facilities provided. As proof of this it might be pointed out that the percentage of babies born in the area who are brought to one or other of the Child Welfare Centres increases steadily year by year. Last year this percentage was 66, compared with 64 in 1928 and 59 in 1927.

The following is a list of the attendances recorded at the Child Welfare Centres during the year:—

First attendances of Babies at Parsonage Street Centre	...	199
First attendances of Babies at Rosemount Centre	... ..	44
Subsequent attendances of Babies at Parsonage Street Centre		3386
Subsequent attendances of Babies at Rosemount Centre	...	628
First attendances of Children between 1 and 5 years of age, Parsonage Street Centre	... ..	70
First attendances of Children between 1 and 5 years of age, Rosemount Centre	... ..	30
Subsequent attendances of Children between 1 and 5 years of age, both Centres...	... ..	2817
Total attendances of Babies and Children, both Centres	...	7174

Whilst the attendance at the Child Welfare Centres is all that could be desired, the same cannot be said regarding the ante-natal clinics. The numbers last year were :—

First Attendances...	...	...	...	...	...	32
Subsequent Attendances	...	...	...	...	...	102
						<hr/>
Total	...	...	...	...	...	134

It is true the percentage of first attendances to total births was slightly higher than in the previous year, but it is still less than 10 per cent. A few of the remaining 90 per cent. may have obtained ante-natal care from their family doctors, but the number of such cases is undoubtedly very small, and the fact remains that the vast majority of the women of the district are not medically examined and do not receive adequate supervision during pregnancy. Many, in consequence, suffer unnecessarily, though perhaps unconsciously, from diseased conditions which might easily be remedied, and few face confinement with pathological conditions which must endanger their own lives or those of their unborn children. Under such circumstances it is little wonder that the death rate of babies during the first few days and weeks of life is high, and has not fallen in conjunction with the general decline in infantile mortality.

The routine examination of all the 2 year old children in the district, whose parents were willing to have them examined, was continued as in the previous two years. The total number examined was 140. The table which follows is based on the Board of Education Annual Statistical Report, and shows the numbers and percentages of children who were found to be suffering from the various diseases or defects enumerated. Many of the defects recorded were very slight, but all were conditions which required observation, if not actual treatment, and the high percentage of individual children found with defects of some sort (55 per cent.) is in itself sufficient testimony to the need for examinations of this kind. It is worthy of notice that 8.5 per cent. of the children even at this early age showed signs of Dental Caries, and that this percentage is practically identical with that found in 1928. The percentage of children suffering from Bronchitis and Enlarged Cervical Glands is also surprisingly high.

The average height of the children examined was 32¼ inches and the average weight (undressed) was 26lbs. 4ozs.



Defect or Disease	Number of Defects	Percentage of children having this defect
Minor Injuries .....	—	—
Malnutrition .....	—	—
Uncleanliness :		
Head .....	—	—
Body .....	—	—
Skin—Ringworm :		
Head .....	—	—
Body .....	—	—
Scabies .....	—	—
Impetigo .....	—	—
Other Skin Diseases (Non T.B.) .....	7	5.0
Eye—Blepharitis .....	—	—
Conjunctivitis.....	—	—
Keratitis .....	—	—
Corneal Ulcer.....	—	—
Corneal Opacities .....	—	—
Defective Vision .....	—	—
Squint .....	7	5.0
Other Conditions .....	2	1.4
Ear—Defective Hearing.....	—	—
Otitis Media.....	—	—
Other Ear Conditions .....	—	—
Nose and Throat—Enlarged Tonsils .....	—	—
Adenoids .....	4	2.8
Enlarged Tonsils and Adenoids .....	2	1.4
Other Conditions .....	1	0.71
Enlarged Cervical Glands (Non-T.B.).....	13	9.2
Defective Speech (Backward) .....	9	6.4
Heart and Circulation :—		
Heart Disease :—Organic .....	1	0.71
Functional .....	—	—
Anæmia.....	2	1.4
Lungs—Bronchitis .....	16	11.4
Other Non T.B. Diseases .....	4	2.8
Tuberculosis—Pulmonary :		
Definite.....	—	—
Suspected.....	—	—
Non-Pulmonary		
Glands .....	—	—
Spine .....	—	—
Hip .....	—	—
Other Bones and Joints .....	—	—
Skin .....	—	—
Other Forms .....	—	—
Teeth.....	12	8.5
Nervous System—Epilepsy .....	—	—
Chorea .....	—	—
Other Conditions .....	1	0.71
Deformities—Rickets .....	6	4.2
Spinal Curvature .....	—	—
Other Forms .....	1	0.71
Other Defects and Diseases .....	10	7.1
Infectious Disease.....	1	0.71
Number of Children Vaccinated .....	38	27.1
Number of Individual Children with Defects .....	77	55.0

The following is a list of the home visits paid by the Health Visitors during the year:—

First Visits paid to Infants under 1 year of age	347
Re-visits to Children under 1 year of age...	2092
Re-visits to Children over 1 year of age ...	2505
Visits to Expectant Mothers ...	83
Other Visits (Deaths, Stillbirths, Ophthalmia, etc.)..	47

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Total number of Visits paid by Health Visitors ... 4991

Although trade conditions, resulting in unemployment and short time employment, appear to have remained much the same as in the year 1928, the demand for milk, free or at a reduced cost, according to the family income scale, was slightly less. The total cost of the milk supplied was £229 17s. 7½d., compared with £270 15s. 8½d. during the previous year. This reduction can, of course, be accounted for by the fall in the birth rate, for the number of births was 366, compared with 458 in 1928.

The following statement gives details concerning the milk distributed:—

	£	s.	d.
Pints of Milk supplied free of cost, 13,323, at a cost of	182	7	2
Pints of Milk supplied at 75 per cent. cost 286, at a cost of	2	17	7½
Pints of Milk supplied at 50 per cent. cost 394, at a cost of	2	14	4

Total 14,003 Pints, at a cost of ... 187 19 1½

Packets of Dried Milk supplied free of cost, at 1/6 per

Packet, 559, at a cost of ... 41 18 6

Total cost of Milk supplied ... £229 17 7½

The provision of Dental treatment for expectant mothers, nursing mothers and young children has proved to be a valuable asset to Maternity and Child Welfare work in the area. Under the scheme in operation Miss M. C. Robertson, L.D.S., devotes one half day per week to this service, and although the numbers dealt with in the course of a year are necessarily small, the benefits conferred on those who receive treatment are very great indeed.

The following is a summary of the work carried out during the year 1929:—

#### CLINIC OPENED ON 39 HALF DAYS.

Attendances made by Children under 5 years of age for treatment	67
Attendances made by Nursing or Expectant Mothers ...	223
Number of Individual Patients treated ...	179
Temporary Extractions...	100
Permanent Extractions ...	419
Temporary Fillings ..	23
Permanent Fillings ...	13
Local Anæsthetics...	181
General Anæsthetics ...	5
Dressings, etc. ...	93
Dentures Fitted ...	5

As stated elsewhere in this report there is no Maternity Hospital in the Borough, but arrangements have been made by the Local Authority for the treatment of cases of Puerperal Fever, or Pyrexia, in addition to cases of difficult labour. Puerperal cases are treated at Ashton Infirmary, whilst cases of Difficult Labour may be sent to either St. Mary's Hospital, Manchester, or to Ashton Infirmary, and the Local Authority accepts responsibility for payment of the maintenance charges to the hospital authorities. Eight cases were dealt with under these arrangements during the year, four being cases of Difficult Labour and the remaining four cases of Puerperal Pyrexia.

#### **REPORT ON TREATMENT BY ACTINOTHERAPY DURING THE YEAR 1929.**

The Artificial Sunlight Clinic, organised and administered by the Orthopædic Committee, is held twice weekly at the Parsonage Street Child Welfare Centre, and continues, year by year, not only to maintain, but also to enhance its well-earned reputation. Sunlight, whether natural or artificial, possesses valuable health-giving properties; but unfortunately, in industrial areas, where these properties are of greatest value, owing to the conditions of over-crowding prevailing, their amount, even when climatic conditions are favourable, is greatly diminished by the pall of smoke which is ever present. This deficiency can, however, be made up by artificial means, for the light from the electric arc lamp and mercury vapour lamp contains the same beneficial rays, and by systematic and carefully regulated application of this light to the skin, substances are manufactured there which uplift the general tone of the body, and enable it to ward off certain types of disease.

The conditions for which light treatment is of greatest value are now well recognised, and its use at the Clinic during the past year was confined to these conditions as far as possible. In the treatment of early Rickets, Actinotherapy is unsurpassed. Cod Liver Oil, in various forms, is also helpful, and its use in conjunction with Ultra-violet Light treatment is always recommended; but, by using light treatment in such cases, children which are frail, anæmic, and perhaps unable to support the weight of their own bodies, become, in the course of a few weeks, so lively and active that, to those who have seen such results, further proof of the efficiency of this form of treatment is unnecessary.

Excellent results were also obtained in the treatment of Psoriasis and a few other skin conditions. The cases of Lupus, Tubercular Dactylitis, and Tubercular Peritonitis, also responded quite well. In the few cases treated for diseases of the chest, it is doubtful if the progress of the lung lesions was much influenced by the treatment, and in some of the cases treated for Tubercular Glands and Rheumatism improvement was very slow, but in all the



cases dealt with the patients themselves, when old enough to express opinions, maintained that they had derived benefit from the treatment received.

The following is a list of the cases treated at the Artificial Sunlight Clinic during the year :—

A. Children under 5 years of age.

Rickets ... ..	27
General Debility ... ..	12
Tubercular Glands... ..	7
Enlarged Glands (Non-Tubercular) ... ..	5
Tubercular Dactylitis ... ..	2
Bronchial Catarrh or Bronchitis... ..	2
Tubercular Peritonitis ... ..	1
Tubercular Rib ... ..	1
"Pink" Disease ... ..	1
<hr/>	
Total ...	58

B. Children 5 years of age and over.

Tubercular Glands... ..	19
Rheumatism ... ..	7
Anæmia ... ..	7
General Debility ... ..	6
Bronchitis ... ..	5
Rickets ... ..	4
Tubercular Peritonitis ... ..	3
Psoriasis... ..	3
Large Glands (Non-Tubercular) ... ..	3
Weak Chest ... ..	2
Chorea ... ..	1
Lupus ... ..	1
Pseudo-Coxalgia ... ..	1
Osteo-Myelitis ... ..	1
Eczema ... ..	1
Purpura ... ..	1
Tubercular Knee ... ..	1
<hr/>	
Total ...	66

C. Adults.

Tubercular Glands... ..	9
Lupus ... ..	5
Rheumatism ... ..	5
General Debility ... ..	4
Tubercular Peritonitis ... ..	2
Tubercular Spine ... ..	2
Tubercular Shoulder ... ..	1
Tubercular Hip ... ..	1
Tubercular Dactylitis ... ..	1
Keloid Scar ... ..	1

C. Adults.—continued.								
Neuralgia	...	...	...	...	...	...	...	1
Rhinorrhœa	...	...	...	...	...	...	...	1
Pruritus	...	...	...	...	...	...	...	1
Renal Rickets	...	...	...	...	...	...	...	1
								—
Grand Total...	...	...	...	159				35

#### POLICE SURGEON'S REPORT.

The authorised strength of the Borough Police Force remains unchanged at 39. Its personnel includes 1 Chief Constable, 2 Inspectors, 7 Sergeants, and 29 Constables. Five new members were appointed during the year to fill vacancies caused by the appointment of Inspector Greensmith as Chief Constable of Glossop, the retirement of two sergeants and the resignation of two constables.

The general health of the members of the Force was, on the whole, quite satisfactory, for although 399 days were lost through sickness, the majority of the illnesses were minor in character. Only two cases of serious illness occurred. In one of these, operative treatment was found necessary, and was successfully carried out by Mr F. G. Ralphs, F.R.C.S., at Ashton Infirmary. The other case, which caused some anxiety, was one of acute Bronchitis, following Influenza, in which rather serious signs developed, but recovery was rapid and complete. Most of the absence from duty through illness was caused by the epidemic of Influenza which spread over the area during the first two months of the year and attacked as many as nine members of the Police Force at one time. Altogether 39 certificates were granted during the year, recommending absence from duty on account of sickness; the number of men concerned was 30.

The following is a list of examinations carried out during the the course of the year:—

Number of Police Consultations at the Town Hall, etc.	...	...	91
Number of Home Visits in cases of sickness	...	...	129
Number of Recruits medically examined	...	...	6
Number of Examinations of Police for Extension of Service	...	...	0
Number of Accident Cases seen at the Police Station	...	...	1
Number of Examinations of other Cases (Drunkenness, etc.)	...	...	4

The constables who act as ambulance drivers have all been tested by the Schick test to ascertain their susceptibility to Diphtheria and have been given immunising injections where necessary. Of four men examined during the past year one was found to be positive and he has now received the appropriate treatment.

I again place on record my indebtedness to the Chief Constable and his officers for their consideration and help at every opportunity, and also for their hearty co-operation in all matters associated with Public Health Administration.

# SCHOOL MEDICAL REPORT.



## 1. SCHOOLS IN THE AREA.

For many years the number of Elementary Schools in the area has been ten, comprising twenty-two departments; in addition there is the Secondary School, which is controlled by the County Council. An important change occurred during the past year, for the new elementary school in Greenfield Street was completed and opened just at the close of the year. This school replaces two of the oldest schools, George Street and Water Street, and provides accommodation for 908 children. More changes are predicted in view of the increased accommodation which will be required when the grouping of schools, as outlined in the Hadow report, has been put into operation, and even greater changes will be forthcoming if the school leaving age is raised, as at present suggested, but the opening of this new school undoubtedly marks an important step in the ever-extending changes of educational progress in the area. The new building is excellently situated by being easily accessible for children from the most densely populated district in the Borough, whilst its commanding appearance, its well laid out playgrounds, and its bright, well-ventilated and splendidly furnished class-rooms will undoubtedly exercise a beneficial effect upon the health and self respect of the children in attendance.

The tables which follow give the average numbers on the school registers and the average attendance at each school throughout the year. It will seem that the total number on the registers was 4,535, being 87 less than in 1928, 162 less than in 1927, and 257 less than in 1926. The average attendance during the year was markedly affected by an epidemic of Influenza, which occurred early in the year, and extended throughout the whole area.

### SCHOOL ATTENDANCE STATISTICS FOR THE YEAR ENDED 31st DECEMBER, 1929.

OLDER SCHOLARS.							
SCHOOL	Times Open	No. on Register	Average	Average	Percentage		
Flowers Field C.—Boys ...	410	.....	336	.....	301	.....	90
"    "    Girls ...	419	.....	317	.....	282	.....	89
Gee Cross C., Mixed .....	421	.....	182	.....	159	.....	87
Gee Cross Trinity, Mixed...	419	.....	144	.....	129	.....	90
George Street C., Mixed ...	410	.....	298	.....	266	.....	90
Godley, Mixed .....	406	.....	233	.....	208	.....	89
Leigh Street C., Boys.....	423	.....	367	.....	330	.....	90
"    Girls.....	422	.....	345	.....	303	.....	88
Newton C.E., Mixed .....	412	.....	169	.....	152	.....	90
St. George's C.E., Mixed ...	419	.....	416	.....	364	.....	88
St. Paul's R.C. Mixed.....	423	.....	230	.....	205	.....	89
Water Street C., Mixed.....	415	.....	241	.....	209	.....	87
Totals .....	—	.....	3278	.....	2908	.....	89

## INFANTS.

SCHOOL	Times Open	Average No. on Register		Average Attendance		Percentage of Attendance	
		over 5	under 5	over 5	under 5	over 5	under 5
Flowery Field C.....	380	152	51	127	30	84	59
Gee Cross C. ....	402	41	20	35	12	85	60
Gee Cross Trinity .....	419	38	22	30	7	79	32
George Street C. ....	341	74	41	62	22	84	54
Godley.....	346	61	19	50	10	82	53
Leigh Street C.....	353	181	73	149	33	82	45
Newton C.E.....	373	91	23	76	13	84	57
St. George's C.E.....	390	117	30	94	16	80	53
St. Paul's R.C. ....	392	51	32	43	14	84	44
Water Street C.....	346	100	40	83	15	83	38
Totals .....	—	906	351	749	172	83	49

### 11. SCHOOL MEDICAL STAFF.

School Medical Officer (and Medical Officer of Health) :

JOHN M. GIBSON, B.A., M.D., D.P.H.

Assistant School Medical Officer, etc.:

MARY EVANS, M.B., Ch.B., D.P.H.

School Dentist (Part Time) :

MURIEL C. ROBERTSON, L.D.S. (Glas.)

School Nurses and Health Visitors :

vxo Miss A. A. SHUTTLEWORTH.

vxo Miss J. PATERSON.

xo Miss I. BURRILL.

v Health Visitor's Certificate, Royal Sanitary Institute.

x Certificate of Central Midwives Board.

o State Registered Nurse.

Clerical Staff (Part Time) :—

HUBERT PIKE, M.S.I.A.

Miss GERTRUDE H. STAMP.

Miss A. NORRGROVE.

Miss E. PEARSON.

Miss M. WHITEHEAD.

### 111. CO-ORDINATION WITH OTHER HEALTH SERVICES.

#### (a) Co-ordination with Infant and Child Welfare.

The co-ordination with Infant and Child Welfare work has been fully described in previous reports. It will be sufficient here to merely point out that the same Nursing and Medical Staff is concerned throughout with all the Infant Welfare and School Medical work undertaken by the Local Authority, and that whatever specialised medical services have been organised, all are available for those under school age as well as for older children.



(b) **Co-ordination with Nursery Schools.**

There are no Nursery Schools in the area, but children are admitted to school when they attain three years of age, and although attendance at school is not compulsory until the age of five years is reached, more than one-half of the children attend before they reach this age. Children may thus pass from what is strictly speaking the supervision of the Maternity and Child Welfare Committee to that of the Education Committee, at any time during a period of two years, and one can understand how easily this period might become a "no man's land" if the work of both Committees were administered by different officials.

**IV. SCHOOL HYGIENE.**

Although none of the school buildings were decorated during the past year, they are all at present in a fairly good condition. Their general cleanliness has undoubtedly improved since the duties of caretakers were revised by the Education Committee in 1928 for the distribution of new copies of these booklets brought to the notice of caretakers many matters which had often been overlooked, and gave authority to Head Teachers to see that the details outlined were carried out.

The most common failing one observes at the schools is inefficient dusting. It is difficult, no doubt, to keep a school free from dust; where the playground resembles a quagmire for several months of the year it is well nigh impossible, and even at a well equipped school there is always a large amount of mud and dust carried into the classrooms by the children's feet. One feels, however, that in many cases more might be done, and should be done, to keep all the fixtures and equipment of the classrooms clean and bright. Valuable instruction in matters relating to health is given nowadays at all the schools, for the teaching of hygiene is a compulsory subject; but theoretical instruction, without practical application of the principles outlined, cannot be expected to yield the best results. The very basis on which all health education must be built is cleanliness, the details of which must be woven into the children's lives by environment and example. People sometimes say, "Why worry so much about the school? Why not attempt to improve the home conditions where these are known to be unfavourable, for after all a child's health is influenced more by his home life than by his school surroundings?" Only those who have attempted to alter a family's mode of living, and change their habits, can appreciate the difficulties which must be encountered in such an undertaking. Indeed, the task is well nigh unsurmountable. In the case of a school child, however, his mind is plastic and easily moulded. His conduct and his character depend to a great extent upon the guidance and the impressions he receives at school. If every object he sees there is kept scrupulously clean, if he realises that he cannot be allowed to take his place in his class with



unwashed hands or face, if he is taught that he must brush his teeth, blacken his shoes, and keep his clothes tidy, he will have an impression stamped upon his memory which will remain there indefinitely. He may be severely handicapped by unfavourable home surroundings; but, however sordid these may be, the seeds sown in the classroom will bear fruit in later years. Think what an impression must have been made recently upon the minds of children from what we regard as our slum area, when they were introduced to the new Greenfield Street School, with its well laid out playground, its polished floors, its shining furniture, its brightly coloured, well lighted classrooms. It should be an easy matter to encourage children in such surroundings to cultivate a high standard of cleanliness. The task is much more difficult at some of the older schools, but cleanliness is possible everywhere.

Another matter to which more attention should be directed is the cleaning of windows. Although the number of times they are cleaned has been increased from 4 to 6, two months is a long interval, and, in the winter weather especially, windows are often found so begrimed that even the passage of light is to some extent impeded.

The cleaning of school furniture also requires more attention. Unfortunately no mention of this is made in the "Duties of Caretakers" booklet, and a few caretakers assume, therefore that mere dusting is sufficient.

Other minor points might be mentioned, but one passes over them to call attention to what is undoubtedly the most glaring defect of all. This is the inadequate supply of towels in the lavatories. To hang up five or six towels in a large school and leave them there for a week, to be used by all and sundry, is simply to advertise a method by which contagious, or infectious, disease may be disseminated. If one of the towels has been used by a child suffering from Impetigo, or Ringworm, or from, say, Measles in its early stage, that towel will be contaminated, in all probability, by the germs which produce these diseases, and infection may be passed on quite readily to other children who happen to use the towel subsequently. More frequent washing of the towels might lessen the risk, but no arrangement could be regarded as wholly satisfactory apart from the use of individual towels by all. This may seem a Utopian suggestion, but it is quite practicable, for it has been adopted at one of the Infants' Departments already, and it is working perfectly smoothly there. Every child at this Department has a towel, with a distinctive mark, which is kept with various other useful articles (tooth brush, mug, etc.) in a little bag for his, or her, own particular use. This is an excellent arrangement, and in the interests of health it is one which should be extended to every school in the Borough.

## **V. ARRANGEMENTS AND METHODS ADOPTED FOR THE MEDICAL INSPECTION OF THE CHILDREN.**

### **(a) Age Groups of the children inspected.**

The usual three groups of children were examined at the routine inspections :—

- (1) Entrants, age 6 or under, if they had not previously been examined as entrants.
- (2) Intermediates, age 8.
- (3) Leavers, age 12 or over, if they had not previously been examined as leavers.

The numbers examined in each group were : Entrants 513 ; Intermediates 606 ; Leavers 396. At the close of the year, when it was observed that the number of leavers examined was so small compared with the entrants and intermediates, enquiries were made to ascertain if there might have been a leakage, but it was found that the number of 12 year old children attending the schools at present is exceptionally low. This fall in numbers is chiefly a result of the war, for it will be observed elsewhere in this report that the birth rate in the year 1917 was exceptionally low. On the other hand, the birth rate in the year 1921 was comparatively high ; hence the large number of intermediates presented for Medical Examination last year. Another fact which reduces the number of leavers examined is that a considerable number of children leave the Elementary Schools to attend Secondary Schools between the ages of 8 and 12.

In addition to the 1515 children examined during the year as routines, a total of 3067 were examined as specials. This group includes 1018 who were examined at the schools, and 2049 dealt with at the School Clinic.

- (b) The Board's Schedule of Medical Inspection was followed in detail.
- (c) Steps taken to secure the early ascertaining of crippling defects. (See Annual Report for 1928).

## **VI. FINDINGS OF THE MEDICAL INSPECTION AND MEDICAL TREATMENT.**

### **(a) Uncleanliness.**

Our figures show that the comparatively high standard of cleanliness attained in the year 1928 has been fully maintained. At the routine inspections last year only 27 children out of 1515 examined, or 1·8 per cent., were classified as unclean, whilst at the Nurses' Inspections, 3 of which are carried out at each school every year, and all of which are in the nature of surprise visits, 2·1 per cent. of the children were reported for uncleanliness. This is exactly the same percentage as in 1928, the corresponding figures for 1927 and 1926 being 4·1 and 5·6 respectively. The most grati-



fying feature about the report for 1928 was that all the schools participated in the improved standard of cleanliness, but although the aggregate result was equally good last year, it is noted with regret that some of the schcols have lapsed a little. Also the comparatively high percentage of children found unclean at a few schools, notably at Water Street School, George Street School, and St. George's Infants School, is far from satisfactory. The following figures show the numbers and percentages of children reported by the Nurses for uncleanness at each of the schools :—

UNCLEANLINESS.

School	Dept.	Position on last year's list	Number in- spected	Number found unclean	Per- cent- tage
St. Mary's .....	Infants .....	7 .....	442 .....	0 .....	·0
Leigh Street.....	Boys .....	3 .....	1054 .....	1 .....	·09
Flowery Field ...	Boys .....	1 .....	1291 .....	2 .....	·15
St. John's .....	Mixed .....	12 .....	627 .....	3 .....	·47
Flowery Field ...	Infants .....	9 .....	644 .....	6 .....	·9
Holy Trinity ...	Infants .....	8 .....	95 .....	1 .....	1·0
Leigh Street.....	Girls .....	14 .....	1244 .....	13 .....	1·04
St. Mary's.....	Mixed .....	4 .....	733 .....	10 .....	1·36
Gee Cross C.....	Mixed .....	2 .....	488 .....	7 .....	1·4
Gee Cross C.....	Infants .....	1 .....	71 .....	1 .....	1·4
Holy Trinity.....	Mixed .....	6 .....	328 .....	5 .....	1·5
Flowery Field ...	Girls .....	11 .....	1202 .....	24 .....	1·9
St. Paul's .....	Mixed .....	10 .....	858 .....	17 .....	1·9
Leigh Street ...	Infants .....	5 .....	471 .....	10 .....	2·1
St. Paul's .....	Infants .....	16 .....	201 .....	5 .....	2·4
St. George's .....	Mixed .....	6 .....	1118 .....	29 .....	2·5
St. John's .....	Infants .....	6 .....	148 .....	4 .....	2·7
George Street ...	Infants .....	17 .....	319 .....	10 .....	3·1
George Street ...	Mixed .....	15 .....	977 .....	43 .....	4·3
St. George's .....	Infants .....	8 .....	366 .....	2 .....	5·4
Water Street ...	Mixed .....	13 .....	797 .....	47 .....	6·1
Water Street ...	Infants .....	18 .....	387 .....	42 .....	10·8
—			13251	282	2·1

(b) Minor Ailments.

The number of minor ailments brought to notice again exceeded one thousand for the second year in succession. Of the causes for which treatment was found necessary, “ minor injuries ” headed the list. Tonsillitis, which was prevalent in the early part of the year, was responsible for another large group of cases. There was a slight increase in the number of cases of Ringworm, but this increase was confined, chiefly, to infections of the face, or trunk, where it responds readily to treatment. There were fewer cases of all other skin diseases, including Impetigo and Scabies. The prevalence of Impetigo is influenced largely by the standard of cleanliness in a district ; the most severe cases are invariably seen amongst children who have been neglected and allowed to become verminous. It is of interest to note that the prevalence of Scabies has gradually fallen during recent years, and that last year only 4 cases were brought to notice.



The number of cases dealt with at the School Clinic was again the highest on record. The attendances for all causes numbered 12,174, being on an average more than one thousand per month, whilst the number of new cases reached the high figure of 2,303.

The following is a detailed report of the cases dealt with at the School Clinic during the year. Dental cases treated by the School Dentist are not included :—

### MONTHLY REPORT OF CASES TREATED AT SCHOOL CLINIC, YEAR 1929.

Defect or Disease	New Cases	Total Attendances
Minor Injuries .....	309	1884
Malnutrition .....	2	2
Uncleanliness :—		
Head .....	235	1090
Body .....	—	—
Skin—Ringworm :		
Head .....	21	409
Body .....	35	249
Scabies .....	2	9
Impetigo .....	169	1450
Other Skin Diseases (Non T.B.) .....	112	590
Eye—Blepharitis .....	31	436
Conjunctivitis .....	69	706
Keratitis .....	—	—
Corneal Ulcer .....	8	90
Corneal Opacities .....	2	6
Defective Vision .....	222	669
Squint .....	44	119
Other Conditions .....	53	278
Ear—Defective Hearing .....	32	99
Otitis Media .....	82	1354
Other Ear Conditions.....	19	81
Nose and Throat—Enlarged Tonsils.....	28	63
Adenoids.....	13	27
Enlarged Tonsils and Adenoids .....	78	167
Other Conditions .....	241	1022
Enlarged Cervical Glands (Non T.B.) .....	42	181
Defective Speech.....	—	—
Heart and Circulation :—		
Heart Disease—Organic .....	8	34
Functional .....	—	—
Anæmia .....	12	34
Lungs—Bronchitis .....	84	321
Other Non T.B. Diseases .....	36	112
Tuberculosis—Pulmonary :		
Definite .....	1	1
Suspected .....	5	7
Non-Pulmonary :		
Glands.....	6	16
Spine .....	—	—
Hip .....	2	4
Other Bones and Joints.....	1	1
Skin .....	1	1
Other Forms.....	—	—

Defect or Diseases	New Cases	Total Attendances
Nervous System—Epilepsy .....	—	—
Chorea.....	11	23
Other Conditions .....	6	10
Deformities—Rickets.....	—	—
Spinal Curvature.....	—	—
Other Forms.....	16	23
Other Defects and Diseases .....	201	554
Brought for Examination (No defect found) .....	37	54
	<hr/> 2277	<hr/> 12176

(c) **Tonsils and Adenoids.**

For the first time for several years the number of cases of enlarged tonsils and adenoids shows a slight decrease. The actual figures are 150 referred for treatment and 421 for observation compared with 186 referred for treatment and 490 for observation in 1928. Exactly the same number (89) underwent operation as in the previous year. Of this number 83 were operated upon at Ashton Infirmary under the Local Authority's Scheme. This arrangement, whereby the Education Authority accepts responsibility for the payment of 30/- for every case treated, has proved most satisfactory. All operations are performed by members of the Consulting Staff, the children are detained in hospital for at least one night, and every child is examined subsequently not only by the School Medical Officer, but by the Surgeon who performed the operation.

The use and the abuse of the tonsil have been subjects of much discussion and speculation for many years, and it cannot be said that our knowledge regarding all its functions is by any means fully understood. Some regard it as the ever alert sentry which protects the respiratory organs from the ravages of harmful organisms. Others can look upon it only as a vestigeal relic which serves no useful purpose, but should always be regarded like the appendix as a potential source of danger. Statistics have been published to show, for example, that rheumatism which is responsible for so much crippling, is never so severe in children whose tonsils have been removed by operation. Whatever views may be expressed regarding the function of normal healthy tonsils and whatever theory may be advanced to explain the cause of their enlargement in such large numbers of children, clinical experience has shown that when they are so large as to give rise to obstruction to breathing, especially when they are accompanied by adenoids, or when their enlargement is so irregular that crypts are formed which harbour micro-organisms, then the sooner they are removed the better; otherwise they are likely to give rise to frequent colds, deafness, abscesses in the ears, and even mental retardation. The good results which follow operation in cases of this kind are well known to all School Medical Officers. Children who have been delicate, peevish, and listless, become robust, happy and energetic, a change which is appreciated by teachers and heartily welcomed by parents.

**(d) Tuberculosis.**

The number of cases of Pulmonary Tuberculosis found amongst children is, fortunately, very small ; for although 9 cases, in which the disease was suspected, were brought to notice during the year, definite signs of lung involvement were found in only 2 of these cases. Non-Pulmonary infection is more common, though, of course, by no means so serious. The Tuberculosis Register at the end of the year contained the names of 28 children under 14 years of age, who had been notified as suffering from Tuberculosis, and in 26 of these the seat of infection was Non-Pulmonary. The following is a list of the cases classified according to the sites of infection :—

Tubercular Site of Infection.								No. of Cases.	
Glands of Neck	...	...	...	...	...	...	...	20	
Lungs	...	...	...	...	...	...	...	2	
Skin...	...	...	...	...	...	...	...	1	
Spine	...	...	...	...	...	...	...	1	
Sacro-Iliac Joint	...	...	...	...	...	...	...	1	
Finger Joints (Dactylitis)	...	...	...	...	...	...	...	1	
Elbow Joint	...	...	...	...	...	...	...	1	
Ribs...	...	...	...	...	...	...	...	1	
Total								28	

**(e) Vision.**

In determining the incidence of Defective Vision the number of Entrants examined is excluded, for at the routine inspections only the Leavers and Intermediates can be tested by the reading test to ascertain their visual acuity. The number of Intermediates and Leavers examined last year was 1,002, and the number of these found with defective vision was 104, giving an incidence rate of 103·7 per thousand. In estimating the incidence of Squint, all the children examined are taken into account ; there were 24 cases of Squint amongst 1,515 children examined, giving an incidence of 15·7 per thousand.

In the Annual Report for the year 1928, Sir George Newman gives an analysis of the findings of all areas, and from it we find that the average incidence of Defective Vision was 86·8 per thousand, and of Squint 8·9 per thousand ; consequently the above figures suggest that the incidence of these conditions locally is above the average. Moreover, local findings of previous years support this suggestion, for if we take the averages for the past 5 years we get the figures 110·6 for Defective Vision and 15·1 for Squint. It has been pointed out that the incidence of Visual Defects is invariably higher in Urban than in Rural districts, being, as a rule, highest in cities ; but the exact manner in which vision is adversely affected by urbanisation has not yet been determined. The use of powerful artificial lighting and the flicker of the cinema have been put forward as possible causes, but one's personal observations suggest that visual defects are largely hereditary, and that their



higher incidence in densely populated areas is simply an expression of general deterioration in physical development. For example, amongst the 2 year old children examined at the Child Welfare Centre during the past year, as many as 5 per cent. were found to be suffering from Squint, and obviously external influences cannot have been greatly concerned in producing a defect like Squint at this early age.

In addition to the above, 195 children, classified as Specials, were referred for refraction during the year. The majority of these were children for whom glasses had been ordered previously, and examination was carried out simply to determine if the glasses were still suitable ; but a few were new cases brought to notice either at school, or at the School Clinic, by the teachers or parents.

Of the 383 children for whom treatment was recommended, 257 were dealt with at the School Clinic, 5 were examined by a private practitioner or at a hospital, and 4 obtained glasses direct from an optician.

Three of the children examined at the School Clinic were subsequently referred to the Manchester Eye Hospital for examination and treatment by a specialist. One of these was a case of Zonular Cataract. In another, one eye was quite normal whilst the other showed an exceedingly high degree of Myopia. In the third case no abnormality in the eyes could be discovered, although the visual acuity was apparently much impaired.

The following is a list of the conditions found in the 257 children examined by refraction at the School Clinic :—

Hypermetropic Astigmatism	...	...	...	74
Myopic Astigmatism	...	...	...	48
Myopia	...	...	...	36
Hypermetropia	...	...	...	52
Mixed Astigmatism	...	...	...	22
Anisometropia	...	...	...	5
Emmetropia	...	...	...	20
				<hr/>
				257

Of these 257 children examined at the School Clinic, new glasses were ordered for 219. 20 children were found to have normal vision, and so did not require glasses ; in 8 cases the glasses in use were found to be quite satisfactory ; in 4 cases the defect was so slight that glasses were considered unnecessary ; in a further 4 cases the defect was limited to one eye only, and the vision in this eye had deteriorated so much from disuse that the use of glasses would not improve the condition ; whilst in the remaining 2 cases the children were examined at the Clinic by refraction, but never returned for the distance test nor for their prescriptions.

It is surprising how little importance many parents seem to attach to defective vision, for although testing by refraction is carried out entirely free of charge, and although in cases of hardship parents are informed that the Education Committee will bear the cost of glasses, if these are found to be necessary, the above figures, and those given in Table IV., Group 2, show that in 57 cases the parents did not make any attempt to have their children examined either at the School Clinic or elsewhere. The main reason, no doubt, is that defects of this kind are not always self-evident. A child may be able to read such small print that his parents genuinely believe his vision to be splendid, and yet he may be unable to see what is written on a blackboard in school unless he is quite close to it. Or again, a father may observe that his boy can see clearly objects in the distance which are indistinct to him ; such a parent finds it difficult to believe that the lad may be straining his eyes considerably if he attempts to do fine work without the use of glasses. It is true the number of parents who definitely refuse to have anything done when the position has been fully explained is very small (last year the number of refusals was 8), but a considerable number promise, and keep promising every time they are interviewed, that they will get something done, and do nothing. Promises of this kind cause much more trouble and annoyance than definite refusals. With a refusal the position is clear, and the case can then be considered with a view to determining if further action should be taken in the interests of the child concerned ; but unfulfilled promises lead to a waste of both time and money. Nurses are called upon to visit and re-visit the home, numerous appointments are made for attendance at the Eye Clinic and not kept ; in a few cases—fortunately only a few—children have been examined and glasses ordered, but their parents have never called for the glasses, even when it was pointed out that they could have them entirely free of cost. Table IV., Group 2, shows that of the 228 children for whom glasses were prescribed, 203 obtained them, either under the Authority's Scheme or elsewhere. At the time of writing a further 10 of these children have obtained their glasses, thus reducing the number for whom glasses were ordered but not obtained to 15. As the maximum cost of a pair of glasses under the contract prices in operation is 4/-, the cost of providing all of these glasses at the public expense would be a small matter, but it is obvious that if parents are unable to appreciate the need for glasses they would give little or no encouragement to their children to either wear them or take care of them. As it was pointed out that in some cases the children's eyesight was being strained and even damaged through what could only be regarded as either carelessness or stupidity on the part of the parents, your Education Committee decided recently that such cases should be reported to the Inspector of the N.S.P.C.C. In this way the parents will be made to realise that lack of attention in a matter of this kind constitutes neglect which is punishable by law



The following table shows the numbers in attendance at the various schools at the end of the year for whom glasses had been prescribed either at the Clinic or elsewhere:—

**LIST OF CHILDREN WHO SHOULD BE WEARING GLASSES  
AT THE FOLLOWING SCHOOLS.**

Schools	No.	Percentage
Leigh Street Council ...	133	13'4
George Street Council ...	50	12'1
St. George's C.E. ...	63	11'1
Holy Trinity ...	22	10'7
Water Street Council ...	41	10'7
St. John's C.E....	31	9'9
St. Paul's R.C. ...	28	8'9
Gee Cross Council ...	20	8'2
St. Mary's C.E. ...	21	7'4

**(f) Dental Defects.**

The statistical table (Group IV of Table IV) at the end of this report shows that a total of 2274 children were treated at the Dental Clinic during the year, and as this number represents half the total school population, which last year amounted to 4535, it proves conclusively in itself that the Dental problem is now being seriously tackled. Under the arrangements in operation before Miss Robertson's appointment, it was quite impossible for a dentist in the short time at his disposal, to make any serious impression on the condition of the children's teeth, for no child could expect to receive treatment more than once during the whole of his school life and in a few years all the good results obtained from the treatment given had vanished. Thus we find that at the School Medical Inspection in 1926, when a careful record was kept of all children whose teeth showed the presence of caries, only 9 per cent. of the children examined had sound teeth. Again in 1927 the percentage with sound teeth was only 6 per cent. This percentage jumped in 1928 to 18 per cent. and last year it reached 38'7 per cent. Now that we are able to deal with half of the whole school population every year this percentage is certain to rise much higher still.

It will be seen from this Table IV of Group IV that inspection of children by the Dentist was confined almost entirely to children of 9 years of age and under. These same children will be inspected again during the present year and treated, if necessary, in preference to older children. but the age for inspection will be raised gradually until in time it should be possible not only to examine all the children every year but also to provide all the treatment required.

An indication of the improvement which is taking place is given by the fact that the number of fillings in proportion to the number of extractions is steadily increasing. The following figures taken from the last four Annual Reports are given for comparison.



Year	Total (Temporary)		Total (Permanent)	
	Fillings	Extractions	Fillings	Extractions
1926	101	1076	32	105
1927	80	1327	15	121
1928	413	2500	338	328
1929	1283	3405	869	243

It will be seen from these figures that the proportion of total fillings to extractions has increased from  $\frac{1}{10}$  or  $\frac{1}{16}$  to roughly  $\frac{1}{6}$  in 1928 and to roughly  $\frac{1}{3}$  in 1929. With the permanent teeth the figures are even more striking, for instead of the fillings being a small fraction of the number of extractions we find that last year their number was more than three times as great. These figures can only mean that gradually more and more children are receiving attention *whilst the teeth are saveable* before they have become so extensively damaged through neglect that extraction is the only remedy.

### (g) Crippling Defects.

When the term "crippling" is mentioned, one's thoughts are immediately directed towards those defects which either cause obvious physical deformity or are responsible for a limitation or impairment of movement. We think of it as synonymous with that more modern word "orthopædic." In its widest sense, however, it includes also conditions brought about by severe organic disease, for these also will prevent the person affected from leading a normal active life. The child who suffers from, say, Heart Disease, or from Asthma, may be as heavily handicapped, physically, as the boy whose leg has been deformed by accident or disease. In Table III. the word "crippled" is used in this comprehensive sense, but the number given (49) refers only to those who are *very* severely handicapped either by deformity or disease, and are prevented thereby from joining in the activities of other children. If all cases of crippling were included the number would be much greater, for at the Orthopædic Clinic alone 100 children of school age were dealt with during the past year. Many of these defects were very slight, but all required treatment of some kind, and it must have been a great boon to these children and to their parents to find that the the treatment necessary could be obtained within the Borough. A few required operations, and were admitted to Ancoats Hospital, Manchester, but even for these cases operation was only a small part of the requisite treatment, for operation alone in Orthopædic work is useless without after care. Moulding by splints, or by plaster, massage, re-education and strengthening of muscles by systematic exercises, treatment by radiant heat and by actinotherapy, are all most valuable, whilst close supervision over a considerable period is essential. The excellent results obtained at the Orthopædic Clinic, under the directorship of Mr. H. Poston, M.Ch., must be a source of pride to those who had the foresight

and courage to inaugurate an Orthopædic After Care Scheme in Hyde, and also a great encouragement to those who devote so much time in its administration.

As full particulars concerning the Orthopædic Committee and its work have been given in previous reports, it will be sufficient to merely state here that the Committee is a voluntary one, quite independent of the Corporation, but its work is closely co-ordinated with the Child Welfare and School Medical Services, for your Medical Officer of Health acts as honorary Medical Officer to the Committee, whilst its clinics, meetings, etc., are held in the Borough Maternity and Child Welfare Centre.

The following is a detailed list of the children dealt with at the Orthopædic Clinic during the year. This list does not include those over 14 years of age nor children from outside areas:—

**A. Children over 5 years of age.**

Cause of Defect					Condition		No. of Cases		
Rickets	...	...	...	...	Genu Valgum,	Genu Varum			
					Deformity of Chest, etc....		...	35	
Infantile Paralysis	...	...			Talipes Equinus, Shortening, Paresis				
					of muscles of Leg		...	...	6
„	„	...	...		Paresis of Muscles of Arm...			...	1
Tuberculosis	...	...	...		Potts Disease of Spine			...	1
Encephalitis Lethargica	...				General Paresis			...	1
Other Acquired Disease	...				Pronated or Flat Feet			...	9
					Polyartharitis			...	1
					Osteomyelitis			...	1
					Pseudo-Coxalgia			...	2
					Spastic Paraplegia			...	1
					Sprengel Shoulder			...	2
					Schlatter's Disease			...	1
					Exostosis (foot)			...	1
					Spinal Curvature...			...	4
					Torticollis			...	5
Injury at Birth	...	...	...		Paresis of Arm Muscles			...	4
Other Injuries	...	...	...		Fractured Arm			...	3
					Fractured Leg			...	3
					Fractured Malar Bone			...	1
Congenital	...	...	...		Club Foot			...	7
					Deformed Chest			...	4
					Curvature of Spine			...	3
					Dislocation of Hip			...	3
					Spina Bifida...			...	1
					Hypospadias			...	1

## B. Children under 5 years of age.

Cause of Defect.					Condition.	No. of Cases.				
Rickets...	...	...	...	...	Genu Valgum ; Genu Varum ; Bending of Long Bones; Difficulty in Walking	...	...	...	...	12
Congenital	...	...	...	...	Club Foot	...	...	...	...	12
					Dislocation of Hip	...	...	...	...	1
					Hydrocephalus	...	...	...	...	1
					Webbed Fingers	...	...	...	...	1
Injury at Birth	...	...	...	...	Paresis of Arm	...	...	...	...	4
Poliomyelitis...	...	...	...	...	Paresis of Leg Muscles	...	...	...	...	3
Other Acquired Defects				...	Torticollis	...	...	...	...	1
					Spastic Paraplegia	...	...	...	...	1
					Virgilitas Osseum	...	...	...	...	1
					Spinal Weakness...	...	...	...	...	1
										38

## VII. INFECTIOUS DISEASES.

During the year 1928 the chief features, so far as Infectious Disease was concerned, were epidemics of Measles and Whooping Cough, the former at the beginning of the year and the latter at the close. Measles caused no anxiety during the past year, for only 4 cases were reported, but the epidemic of Whooping Cough, which commenced in the last two months of 1928, continued with decreasing severity into 1929, and gave rise to 145 cases in the first three months. Coinciding with this, there was an epidemic of Influenza which caused a great amount of illness, not only amongst school children, but amongst Adults and Babies. The actual number, or even the approximate number, of cases of this disease, is not known, for it is quite impossible to differentiate between mild Influenza and what is generally called a severe cold. We do know that the school attendance was very much affected, for during the months of January and February as many as 43 Certificates were granted, stating that the low average weekly attendance (less than 60 per cent) could be accounted for by the prevalence of Influenza or Whooping Cough. Only two other certificates were asked for during the rest of the year, these being required at St. John's Infants' School for the weeks ending November 25th and December 6th, on account of Chicken-pox. The schools most affected by Influenza and Whooping Cough were as follows :—



School.	No. of Certificates Given.						Weeks Ending.
Leigh Street Infants	...	...	...	7	...	...	Jan. 18th, 1929. Jan. 25th, 1929. Feb. 1st, 1929. Feb. 8th, 1929. Feb. 15th, 1929. Feb. 22nd, 1929. Mar. 1st, 1929.
Water Street Infants	...	...	...	7	...	...	Jan. 18th, 1929. Jan. 25th, 1929. Feb. 1st, 1929. Feb. 8th, 1929. Feb. 15th, 1929. Feb. 22nd, 1929. Mar. 1st, 1929.
George Street Infants	...	...	...	7	...	...	Jan. 18th, 1929. Jan. 25th, 1929. Feb. 1st, 1929. Feb. 8th, 1929. Feb. 15th, 1929. Feb. 22nd, 1929. Mar. 1st, 1929.
St. John's Infants	...	...	...	4	...	...	Feb. 8th, 1929. Feb. 15th, 1929. Feb. 22nd, 1929. Mar. 1st, 1929.
Flowery Field Infants	...	...	...	4	...	...	Feb. 8th, 1929. Feb. 15th, 1929. Feb. 22nd, 1929. Mar. 1st, 1929.
St. Mary's Infants	...	...	...	4	...	...	Feb. 1st, 1929. Feb. 15th, 1929. Feb. 22nd, 1929. Mar. 1st, 1929.
St. George's Infants	...	...	...	3	...	...	Feb. 8th, 1929. Feb. 15th, 1929. Feb. 22nd, 1929.
St. Paul's Infants	...	...	...	3	...	...	Feb. 15th, 1929. Feb. 25nd, 1929. Mar. 1st, 1929.
Gee Cross Council	...	...	...	2	...	...	Feb. 15th, 1929. Feb. 22nd, 1929.
Flowery Field Boys	...	...	...	1	...	...	Feb. 15th, 1929.
St. John's Mixed	...	...	...	1	...	...	Feb. 15th, 1929.

In addition to the outbreaks of Whooping Cough and Influenza there was a comparatively large number of cases of Scarlet Fever during the year. The disease was prevalent during the entire year, but it did not assume epidemic proportions until late in the Summer. The total number of cases was 150 compared with 33 in 1928. On the other hand the number of Diphtheria cases was slightly less, being 14 in 1929 compared with 20 in 1928. On the two pages which follow are shown the distribution of the cases of Scarlet Fever and Diphtheria throughout the schools. The schools chiefly affected by Scarlet Fever were Leigh Street, St. George's, and Water Street. At Leigh Street School there were 17 cases in the month of October, otherwise the distribution was fairly uniform throughout the year. At Water Street the monthly incidence was never high but at St. George's the incidence was high in the months of July, August, and October. In view of the widespread distribution of cases over the area and throughout the whole of the year, it is rather remarkable that not a single case was reported from George Street School.

The following is a list of the Infectious Diseases notified under the infectious Diseases (Notification) Acts of 1889 and 1899 :

Scarlet Fever	...	...	...	...	150
Diphtheria	...	...	...	...	14
Pneumonia	...	...	...	...	24
Tuberculosis (Non-Pulmonary)	...				4
Tuberculosis (Pulmonary)	...	...			3

On another of the pages which follow is shown the distribution of cases of Measles, Whooping Cough, Chicken-pox, and Mumps, and a comparison with the previous year is shown at the foot of the page. These diseases are not notifiable under the Infectious Diseases (Notification) Acts, but although a few cases are probably not brought to notice, the numbers here given may be regarded as fairly reliable, for teachers report immediately all cases in which Infectious Disease is suspected.

# CASES OF DIPHTHERIA OCCURRING AMONGST SCHOOL CHILDREN DURING THE YEAR, 1929.

SCHOOL	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Leigh Street Council ...	—	—	—	—	—	—	—	—	1	2	1	—	4
Flowerly Field ...	—	—	—	—	1	—	—	—	—	1	—	—	2
St. George's ...	—	—	—	—	—	—	—	—	—	—	—	1	1
Gee Cross Council ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Holy Trinity ...	—	—	—	—	—	—	—	—	—	2	—	—	2
Water Street ...	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Paul's R.C. ...	—	—	—	—	—	—	—	1	—	—	1	—	2
St. John's ...	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Mary's ...	—	—	1	—	2	—	—	—	—	—	—	—	3
George Street ...	—	—	—	—	—	—	—	—	—	—	—	—	—
County & other Schools	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	1	—	3	—	—	1	1	5	2	1	14



# CASES OF SCARLET FEVER OCCURRING AMONGST SCHOOL CHILDREN DURING THE YEAR, 1929.

SCHOOL	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Leigh Street Council...	4	2	—	4	—	4	4	4	5	17	6	4	54
Flowery Field ...	2	—	—	—	—	—	1	1	—	—	3	1	8
St. George's ...	—	—	5	2	—	1	10	12	3	13	1	1	48
Gee Cross Council ...	—	1	—	—	—	—	1	—	—	—	1	—	3
Holy Trinity ...	—	—	—	—	—	—	—	—	1	3	2	2	8
Water Street ...	—	—	1	—	3	—	2	1	4	3	1	—	15
St. Paul's R.C. ...	—	—	—	—	—	1	—	—	—	2	1	—	4
St. John's ...	—	—	3	1	—	—	—	—	—	—	—	—	4
St. Mary's ...	—	1	—	—	—	—	—	—	—	—	—	—	1
George Street ...	—	—	—	—	—	—	—	—	—	—	—	—	—
County & other Schools	—	1	—	—	—	—	1	1	1	1	—	—	5
	6	5	9	7	3	6	19	19	14	39	15	8	150

**DISTRIBUTION OF CASES OF MEASLES, WHOOPING COUGH, CHICKEN POX AND MUMPS  
AMONGST SCHOOLS.**

School	Whooping Chicken				Whooping Chicken				Totals
	Measles	Cough	Pox	Mumps	Measles	Cough	Pox	Mumps	
Leigh Street	...	1	...	53	...	23	...	23	...
Flowerly Field	...	1	...	12	...	8	...	3	...
St. Paul's R.C.	...	—	...	12	...	1	...	—	...
George Street	...	1	...	38	...	26	...	2	...
St. John's	...	—	...	11	...	18	...	—	...
Gee Cross Council	...	—	...	2	...	3	...	—	...
Holy Trinity	...	—	...	—	...	—	...	—	...
St. George's	...	—	...	18	...	1	...	—	...
St. Mary's	...	—	...	3	...	15	...	2	...
Water Street	...	1	...	16	...	16	...	1	...
	4	...	165	...	111	...	8	...	...
Totals	...	4	...	165	...	111	...	8	288
Totals in 1928..	156	...	37	...	39	...	1	...	...

## VIII. FOLLOWING UP OF CHILDREN SUFFERING FROM DEFECTS.

The procedure adopted when children are found at the School Medical Inspections to require Medical treatment has been described in the previous year's report. The pivot around which the success of any scheme of following up revolves is home visiting, for the best results cannot be achieved without personal interviews. A stereotyped notice sent to parents may, and often does, have the desired effect ; but, generally speaking, parents prefer to have their children's defects discussed with them. Moreover, if the defects in question are not obviously detrimental, they are unlikely to receive attention unless their consequences, if neglected, have been fully explained.

Below is a summary of the home visits paid by the School Nurses during the year :—

### FOLLOWING UP VISITS BY NURSES.

Malnutrition ... ..	4
Uncleanliness... ..	24
Impetigo... ..	28
Scabies ... ..	1
Ringworm ... ..	4
Other Skin Diseases ... ..	8
Defective Vision and Squint... ..	162
Blepharitis ... ..	3
Conjunctivitis ... ..	1
Corneal Ulcer... ..	1
Defective Hearing... ..	6
Defective Speech ... ..	3
Otorrhœa ... ..	21
Enlarged Tonsils and Adenoids ... ..	55
Other Diseases of Nose and Throat ... ..	18
Enlarged Cervical Glands ... ..	9
Dental Caries... ..	38
Heart Disease... ..	11
Anæmia ... ..	20
Bronchitis ... ..	89
Rickets ... ..	1
Deformities ... ..	31
Chorea ... ..	4
Mental Defectives... ..	3
Colds... ..	28
Influenza ... ..	251
Debility ... ..	2
Chicken Pox ... ..	49
Mumps ... ..	4
Whooping Cough (149 Contacts—19)... ..	168
Scarlet Fever Contacts... ..	15
Pneumonia ... ..	1



Tuberculosis	...	...	...	...	...	...	...	5
Rheumatism	...	...	...	...	...	...	...	4
Asthma	...	...	...	...	...	...	...	2
Croup	...	...	...	...	...	...	...	2
Minor Injuries	...	...	...	...	...	...	...	12
Other Defects and Diseases	...	...	...	...	...	...	...	14

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Total	...	...	...	...	...	...	...	1102
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#### IX. OPEN AIR EDUCATION.

No definite schemes are in operation for open air education, though at some of the schools, particularly at the Infants' Departments, classes are held in the playground shelters whenever possible. Where the playgrounds are adjacent to main streets, distractions would be so numerous and varied that teaching would be extremely difficult; but most playgrounds have secluded sheltered corners which might be more advantageously used than they are at present. The new school at Greenfield Street is so well supplied with windows on opposite sides of every classroom that it might almost be termed an open air school when its windows are thrown widely open, but none of the others are so well equipped in this respect, and it would undoubtedly be an advantage to the children from a health point of view if more open air classes could be arranged.

#### X. PHYSICAL EDUCATION.

Although there is no organiser of Physical Drill in the area, the physical development of the children is by no means neglected, for at all the schools there are teachers who have attended courses in physical drill, and the principles of physical training, as outlined in the "Syllabus of Physical Training for Schools," are followed as closely as possible. Dancing is widely practised, and has reached a high degree of proficiency in a few of the schools. Football, Hockey, and Captain Ball receive every encouragement, and their popularity is increased by the inter-school competitions which are held annually. Also, in the curricula of all the schools definite periods are allotted for the practise of those systematic physical exercises which experience has proved to be of value in promoting the growth and harmonious development of the body.

#### XI. PROVISION OF MEALS.

Although Hyde has not been designated a "distressed area," there was, unfortunately, much unemployment throughout the year. The provision of meals to necessitous children was, therefore, continued as in previous years, and we find that the demand for meals followed very closely the prevalence of unemployment. Figures obtained from the Employment Exchange showed that there were slightly fewer unemployed at the close of the year than at the beginning, and our records show that the daily average attendance of children for meals dropped from 74 in January to 65 in December.

The following figures show the attendance and the number of meals provided during 1929 :—

### PROVISION OF MEALS, 1929.

Month.					No. of Meals Provided.				Daily Average Attendance at Meals.			
January	...	...	...	...	1109	...	...	...	...	74		
February	...	...	...	...	1415	...	...	...	...	71		
March...	...	...	...	...	1858	...	...	...	...	77		
April	...	...	...	...	1069	...	...	...	...	71		
May	...	...	...	...	1191	...	...	...	...	71		
June	...	...	...	...	1456	...	...	...	...	73		
July	...	...	...	...	1422	...	...	...	...	71		
August	...	...	...	...	1016	...	...	...	...	68		
September	...	...	...	...	567	...	...	...	...	63		
October	...	...	...	...	1230	...	...	...	...	62		
November	...	...	...	...	1524	...	...	...	...	64		
December	...	...	...	...	971	...	...	...	...	65		

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14,828

Average Cost per Meal, Food only... .. 1'58d.

Average Cost per Meal, Service only ... .. 3'14d.

Average Cost per Meal, Food and Service ... .. 4'72d.

Under the scheme in operation, dinners only are provided, and no food is given on Saturdays nor during holidays. The Summer Holidays in September and the Christmas Holidays in December account, therefore, for the comparatively small number of meals provided during these two months.

In the Annual Report for 1928 details were given of the dietary and the need for a more liberal supply of nitrogen and fat in the meal was emphasised. Your Education Committee subsequently adopted the suggestion that half a pint of fresh milk should be supplied to each child daily, along with the mid-day meal, and this provision came into operation in October last. This milk is much appreciated by the children, and, although one realises that expectation is sometimes father to the thought, there is good reason in this case to believe that its benefit is already reflected in the alert and more robust appearance of the children. To a person whose store cupboard has never been empty, half a pint of milk per day may seem insignificant, but its food value is quite considerable, and it supplies, moreover, a fair quantity of those essential food elements which are particularly scarce in the dietary of the poor.

### XII. SCHOOL BATHS.

None of the Elementary Schools in the district have been provided with baths, but the older children from all the schools have the privilege of attending the Corporation Baths during the summer months. Time Tables have been arranged whereby groups of children from the various schools attend at fixed times every



week, and the cost of admission is borne by the Education Authority. The total attendance during last year was:—Boys 6,418 and Girls 5,616. When attending the baths the children are always accompanied by one or more of their teachers, and at the baths they receive instruction in swimming from two swimming experts. To encourage them to become proficient in Swimming, various competitions are arranged, and the following prizes are competed for annually:—

Leadbitter Knott Challenge Cup: For individual competition amongst Hyde School Girls.

Shepley Challenge Cup: For individual competition amongst Hyde School Boys.

The Brogden and Fowden School Challenge Shield: For team swimming competitions amongst the Hyde Elementary Schools (Boys).

In addition, the Baths Committee grant 30 free season tickets, entitling the holders to the use of the Corporation Baths. These are competed for annually.

### **XIII. CO-OPERATION OF PARENTS.**

The large number of parents who attend the School Medical Inspections, or bring their children to the School Clinic for examination, is a testimony to the keen interest which is taken by the majority, at any rate, in School Medical work. At the school inspections last year 1,018 parents were in attendance, and our records show that 2,693 parents attended the School Clinic with their children during the course of the year. If another testimony were asked for, it is furnished by the large attendance of children at the School Clinic, which last year amounted to 12,194, this number being the highest recorded since the Clinic was opened. Moreover, parents co-operated exceedingly well by accepting and acting upon whatever advice has been offered. There are, of course, in every district—and Hyde is no exception in this respect—a few parents who require persuasion, and even at times compulsion, but their number is very small. The majority are exceedingly keen to do everything they possibly can for their children's comfort and well-being, and readily acquiesce in any suggested line of treatment. One admires, especially, the efforts that are made by the unemployed and by many others who are struggling bravely to bring up their children on very scanty incomes. They themselves must feel the pinch of hardship at times, but it is extremely rare indeed to find a child whom one could definitely say is suffering from insufficiency of either food or clothing.



#### **XIV. CO-OPERATION OF TEACHERS, SCHOOL ATTENDANCE OFFICERS, ETC.**

The valuable help given by teachers was referred to, and to some extent outlined in the report for 1928. Their help does not end merely in picking out the children who are due for examination and preparing the Inspection Cards. Their knowledge of the children's achievements, habits, and home conditions is a source of information which is freely utilised, and their interest in the children's welfare is shown by their careful selection of children for special examination.

The close co-operation of School Medical Work in the matter of exclusions, etc., with that of the School Attendance Officer, was also described in previous reports. The School Attendance Officer receives daily a list of all children who have been excluded from school on medical grounds, and he in turn arranges for many children to attend the Clinic for examination, particularly those children who are unable to attend school on account of illness, and yet are not receiving medical attention.

#### **XV. CO-OPERATION WITH VOLUNTARY BODIES.**

Prominent amongst organisations which exert an influence for good over the lives of school children stand the Boy Scouts, Girl Guides and Brownies' movements. By arranging outdoor life, regulated exercises and vigorous games, they confer innumerable benefits, both physical and mental. All the local companies are associated with various Churches or Sunday Schools, and little co-operation is called for; but the Medical, Nursing, and Sanitary Staff have been able to assist at times by giving lectures and by acting as examiners for certain badges.

Other voluntary organisations which are closely associated with the welfare of the children are the Hyde Orthopædic Committee, the Mayor of Hyde's Poor Children's Fund, the National Society for the Prevention of Cruelty to Children, the Lads' Club, and the Toc. H. organisations.

The valuable work of the Orthopædic Committee has already been referred to. In providing skilled surgical advice, efficient after-care, massage, artificial sunlight, radiant heat, etc., it has established a service of inestimable value to the children of the neighbourhood. The work of the Committee is closely co-ordinated with that of the School Medical Staff, for your Medical Officer is Honorary Medical Officer to the Orthopædic Committee, and, as such, he is brought into close touch with all children who attend the Orthopædic Clinic for treatment.

The Poor Children's Fund, under the presidency of the Mayor, provides an entertainment every year to all the poor children in the district, and in addition it supplies footwear to all deserving cases. During the past year it distributed over 500 pairs of clogs and paid for the repair of many others.

Another splendid health service is rendered by this fund every year, when a few selected children are sent to a holiday camp at the seaside to recuperate after illness. The selection of children to benefit under this arrangement is made by the School Medical Officer.

The Toc H Organisation also sent a few boys to a seaside camp for a short holiday during the summer. The boys chosen were not selected on medical grounds but simply because the family income was extremely low. The total number of children dealt with by both these organisations was small, but none of the children concerned could have had a holiday of this kind without assistance, and all derived great benefit from it.

The National Society for the Prevention of Cruelty to Children, as in previous years, rendered much assistance in cases of neglect. The local inspector, Mr. R. Wood, is always most willing to co-operate with the School Medical Staff, and if at any time a child is reported because he, or she, appears to be suffering through lack of parental care, Mr. Wood not only visits the home and warns the parents, but keeps the family under observation until he is certain that improvement has been effected. During the past year he dealt with 24 families, representing 47 children, and in following up these cases he paid 123 visits.

The Lads' Club, which began in 1928, increased by leaps and bounds during the year, and proved so popular that its membership had to be limited to 600. The Chief Constable, Mr. J. W. A. Danby, and members of the committee associated with him, must be congratulated upon the wonderful success already achieved. The purchase of the old police barracks and its conversion into a clubhouse was a costly undertaking, but the public responded so heartily to the appeal for funds that practically the whole of the amount required (£3,000) has already been subscribed. The choice of this building was particularly appropriate, for, apart from its suitability, its conversion to a Lads' Club is characteristic of the principles upon which clubs of this kind are founded. Here we have a building, erected and utilised for many years for the punishment of crime, employed now by an association which was inaugurated solely with the idea of preventing crime. It is too early yet for the results of the club to be evident, but the discipline, healthy exercises, and numerous attractions which it offers, should undoubtedly enable it to achieve its object, and in addition it should be instrumental in promoting physical fitness and better health.

#### **XVI. SPECIAL SCHOOLS.**

There are no Special Schools in the area, but special arrangements are made for the education of children whose faculties are so impaired that they are unable to derive full benefit from the instruction given in an ordinary Elementary School. During the past year six children received this education in Special Schools, situated in



other areas, at the expense of the Local Education Authority. One boy attends the Henshaw Blind School, Manchester, and five children who are deaf and dumb are being educated at the Royal Residential Schools for the Deaf, in Manchester.

The one group of children for whom no provision is made, and whose position merits consideration, is the backward or mentally defective group. If the mental defect is so great that a child cannot be educated even at a Special School, responsibility for seeing that he, or she, is admitted to a mental home, or asylum, and properly cared for there, rests with the County Council. The number of children of this class is, fortunately, very small, but there are quite a number of children attending the Elementary Schools at present whose mentality is so far below normal that special provision for their education should be arranged. It is unfair both to themselves and to their teachers to have them in ordinary classes, for their intelligence is so much impaired that they cannot keep pace with normal children, and so they must either be ignored, or the progress of the whole class must be impeded by giving them individual attention. A complete list of all the backward children in the area was submitted two years ago; a revised list shows that at the close of the year there were 28 children attending the schools whose intelligence quotient was under 80. (The normal intelligence quotient is 100.) It is to be hoped that in the process of reorganisation which must take place within the next few years, the needs of these children will be considered, and that it will be found possible to arrange for them a special class, or a number of classes, in some central position, so that it would be readily accessible from all parts of the Borough.

## **XVII. NURSERY SCHOOLS.**

There are no Nursery Schools within the Borough, but for many years children have been admitted to the Elementary Schools from three years of age upwards. In years past there was often much discussion as to the advisability of admitting children of such tender years to school. People who regarded the question simply from the Educational point of view considered their admission an unjustifiable expense, for, they pointed out quite rightly that, whether children had commenced school at 3 or 6 years of age, their Educational attainments were identical when they reached the age of, say, 12 years. There are, however, other points of view which are equally important, for the function of schools is not merely to educate children, but to equip them to undertake the responsibilities of citizenship and become useful members of society. For example, their health and physical fitness must be considered, and it is realised by all who have investigated the subject that, from this point of view, there is much to be gained by admitting children to school as early as possible. In areas where children are not admitted till they are 5 years old, Medical Officers have been pointing out for



many years that the schools are receiving "damaged goods," and this has been brought so forcibly to the notice of the Board of Education that the President of the Board, in conjunction with the Minister of Health, has issued a circular (Circular 1054 of December 5th, 1929) urging all Local Authorities to earnestly consider the provision of Nursery Schools, or Nursery Classes, for children between 2 and 5 years of age. As the Circular points out, "there are hundreds of thousands of children who, for three or four years before going to school, have no help, direction, or succour, from public sources, however much they may need it. This gap is unimportant in homes where the conditions are satisfactory and healthy, where personal attention is possible by mother or nurse, and where medical advice is obtainable privately. But many small children cannot get personal attention where the home is squalid, where food is bad and insufficient, where the only playroom is the gutter, and where ill-health passes unnoticed till chest trouble, rickets, or other ailments have developed. These conditions, prevalent in parts of all our cities, cry aloud for attention. It is grossly uneconomic to allow the health and stamina of infants to deteriorate till five years old, and then to spend large sums of money in trying to cure them between the ages of 5 and 15."

We find from the School Registers that roughly one-half of all the children commence school locally before they become 5 years of age, and at all of the schools there are nursery classes to meet the requirements of these young children. Their education is, of course, of a very simple character, and special apparatus is provided for this purpose. Also arrangements have been made at all the schools for a hot drink to be supplied during the forenoon, and rest beds have been installed, so that the children can lie down and sleep for a short period during the afternoon. The arrangements in these respects are by no means uniform, and, unfortunately, at some of the schools they are far from satisfactory; but in one school, at least, all the details necessary for a model nursery class have been carefully thought out and put into operation; and although lack of accommodation is a serious handicap at a few schools, it is to be hoped an effort will be made to surmount this difficulty, and that soon all the schools will have a really well organised nursery class.

#### **XVIII. SECONDARY SCHOOLS.**

The only Secondary School in the area is the County Secondary School, which was extended recently, and has now accommodation for 420 children. The Medical Inspection work of this school is carried out by the County Authority.

#### **XIX. EMPLOYMENT OF CHILDREN.**

In accordance with the bye-laws under the Employment of Children Act, 1903, and the Education Act, 1918, 49 children were examined during the year; 45 of these were boys, of whom 44 were

to be employed as newsboys and one as an errand boy. Of the 4 girls examined, 3 were employed by a touring company as dancers and one had been offered employment in delivering papers. All the children examined were found physically fit for the duties to be undertaken.

## XX. VACCINATION.

The following figures show the percentage of children found to be vaccinated among the routine groups examined during the year :—

	Number Examined	Vaccinated	Not Vaccinated	Percentage Vaccinated
Entrants ...	513	130	383	25·3
Intermediates ...	606	147	459	24·2
Leavers ...	396	79	317	19·9
Total ...	1515	356	1159	23·5

With Small-pox ever threatening, these figures are truly alarming, for the risk of infection being introduced into our midst in the near future is not only possible but probable, and with a school population so inadequately protected by vaccination, conditions are most favourable for its spread. One case of Small-pox actually did occur within the Borough during the past year, and whilst everything possible is done to limit the spread of infection when it has been introduced, we must consider ourselves extremely fortunate that we have escaped an epidemic for so long. A considerable number of cases have occurred in neighbouring areas and probably many local residents have been contacts without being aware of it. It is true the type of Small-pox, which has assumed epidemic proportions all over the country at present, is not so infectious and by no means so severe as that generally referred to as the "old type" of Small-pox, but it is still an infectious disease, and in some cases the old adjective "loathsome" is still applicable. Many persons who contract the disease suffer no discomfort apart from the inconvenience caused by their isolation in hospital, but one wishes that some of those who belittle the disease and disregard repeated warnings to seek protection could be persuaded to visit a Small-pox hospital and see all the patients under treatment there. A glance at some of the faces and a thought for the disfigurement which must inevitably follow would have more effect than all the arguments propounded against vaccination in the masses of literature so widely disseminated by a misguided section of the community.

The remarkable increase in the prevalence of Small-pox during recent years is shown by the following list of cases notified in England and Wales since the year 1917 :—

Year	Cases Notified	Year	Cases Notified
1917	... 7	1924	... 3,797
1918	... 63	1925	... 5,354
1919	... 311	1926	... 10,141
1920	... 280	1927	... 14,787
1921	... 336	1928	... 12,420
1922	... 973	1929	... 10,975
1923	... 2,504		

# **MEDICAL INSPECTION RETURNS.**

**For Year Ending December 31st, 1929.**

**TABLE I.**

## **A.—Routine Medical Inspections.**

### **Number of Code Group Inspections.**

Entrants	...	...	...	...	...	...	...	...	...	513
Intermediates	...	...	...	...	...	...	...	...	...	606
Leavers...	...	...	...	...	...	...	...	...	...	396
										<hr/>
Total	...	...	...	...	...	...	...	...	...	1515
Number of other Routine Inspections	...	...	...	...	...	...	...	...	...	Nil

## **B.—Other Inspections.**

Number of Special Inspections .....	At Schools	1018	
	At Clinic	2049	
		<hr/>	3067
Number of Re-Inspections.....	At Schools	386	
	At Clinic	2429	
		<hr/>	2815
			<hr/>
Total	...	...	5882



Table II.

A—Return of Defects found by Medical Inspection in the Year ended  
31st December, 1929.

DEFECT OR DISEASE	Routine Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Malnutrition .....	4	2	4	..
Uncleanliness .....	27	..	211	..
(See Table IV., Group V.)				
Skin—				
Ringworm—Scalp .....	4	..	21	..
Body .....	2	..	34	..
Scabies.....	1	..	3	..
Impetigo .....	11	..	166	..
Other Diseases (Non-Tuberculous) .....	13	3	110	1
Eye—				
Blepharitis .....	8	..	29	..
Conjunctivitis .....	2	..	69	..
Keratitis .....	..	..	8	..
Corneal Opacities .....	3	..	..	3
Defective Vision (excluding Squint) .....	104	126	154	100
Squint .....	24	41	41	28
Other Conditions .....	..	..	52	..
Ear—				
Defective Hearing .....	16	16	22	9
Otitis Media .....	19	..	79	..
Other Ear Diseases .....	5	..	20	..
Nose and Throat—				
Enlarged Tonsils only .....	6	135	37	123
Adenoids only .....	5	49	17	33
Enlarged Tonsils and Adenoids .....	16	50	69	31
Other Conditions .....	25	4	242	5
Enlarged Cervical Glands (Non-Tuberculous)....	2	178	47	128
Defective Speech .....	2	15	..	13
Teeth				
Dental Diseases .....	27	..	11	..
(See Table IV., Group IV.)				
Heart and Circulation—				
Heart Disease—Organic .....	12	3	19	14
Functional.....	..	48	..	29
Anæmia .....	14	1	18	1
Lungs—				
Bronchitis .....	55	12	94	7
Other Non-Tuberculous Diseases .....	7	67	40	33
Tuberculosis—				
Pulmonary—Definite .....	1	..	1	..
Suspected .....	2	..	5	..
Non-Pulmonary—Glands .....	..	..	7	1
Spine .....	1	..	..	..
Hip .....	..	..	2	..
Other Bones and Joints .....	..	1	2	..
Skin .....	1	..	1	..
Other Forms .....	..	..	3	1
Nervous System—				
Epilepsy .....	..	..	1	..
Chorea .....	..	..	12	..
Other Conditions .....	1	1	6	1
Deformities—				
Rickets.....	7	1	8	6
Spinal Curvature .....	6	..	2	4
Other Forms .....	27	16	25	16
Other Defects and Diseases .....	32	38	533	28

TABLE II.—(Continued.)

B.—Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

Group.	Number of Children		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS:—			
Entrants ... ..	513	114	22·2
Intermediates ... ..	606	146	24·0
Leavers... ..	396	111	28·0
Total (Code Groups) ...	1515	371	24·6
Other Routine Inspections	—	—	—

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

		Total	
		Boys	Girls
Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind...	1
		Attending Public Elementary Schools	—
		At other Institutions....	—
		At no School or Institution	—
Deaf (including deaf and dumb and partially deaf).	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	—
		Attending Public Elementary Schools	—
		At other Institutions	—
		At no School or Institution	1
Mentally Defective.	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	4
		Attending Public Elementary Schools	1
		At other Institutions	—
		At no School or Institution	5
Epileptics.	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—
		Attending Public Elementary Schools	2
		At other Institutions	—
		At no School or Institution	—
	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	1
		Attending Public Elementary Schools	1
		At other Institutions	6
		At no School or Institution	12
	Notified to the Local Control Authority during the year.	Feeble-minded	18
		Imbeciles	—
		Idiots	—
		Attending Certified Special Schools for Epileptics	—
	Suffering from severe epilepsy.	In Institutions other than Certified Special Schools	—
		Attending Public Elementary Schools	—
		At no School or Institution	—
		Attending Public Elementary Schools	—



Table III—(Continued).

Epileptics.	Suffering from epilepsy which is not severe.	Boys Girls T'l		
		Attending Public Elementary Schools	At no School or Institution	...
	Infectious pulmonary and glandular tuberculosis.	At no School or Institution	...	2
		At no School or Institution	...	1
		At no School or Institution	...	1
		At no School or Institution	...	1
		At no School or Institution	...	1
	Non-infectious but active pulmonary and glandular tuberculosis.	At no School or Institution	...	1
		At no School or Institution	...	1
		At no School or Institution	...	1
		At no School or Institution	...	1
		At no School or Institution	...	1
	Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anaemia, etc).	At no School or Institution	...	1
		At no School or Institution	...	1
		At no School or Institution	...	1
		At no School or Institution	...	1
		At no School or Institution	...	1
	Active non-pulmonary tuberculosis.	At no School or Institution	...	1
		At no School or Institution	...	1
		At no School or Institution	...	1
		At no School or Institution	...	1
		At no School or Institution	...	1
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At no School or Institution	...	1
		At no School or Institution	...	1
		At no School or Institution	...	1
		At no School or Institution	...	1
		At no School or Institution	...	1

TABLE IV.

Return of Defects Treated during the Year Ended 31st Dec., 1929.

## TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

Disease or Defect. (1)	Number of Defects treated or under treatment during the year.			
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total (4)	
SKIN—				
Ringworm—Scalp ... ..	21	4	25	
Ringworm—Body ... ..	35	1	36	
Scabies ... ..	2	2	4	
Impetigo ... ..	169	6	175	
Other Skin Disease ... ..	112	11	123	
MINOR EYE DEFECTS—				
(External and other, but excluding cases falling in Group II)...	163	8	171	
MINOR EAR DEFECTS— ... ..	133	24	157	
MISCELLANEOUS—				
(e.g., minor injuries, bruises, sores, chilblains, etc.) ... ..	309	24	333	
Total ... ..	944	80	1024	

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease. (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report). ...	257	5	4	266
Other Defect or Disease of the Eyes(excluding those recorded in Group I)...	—	—	—	—
Total ... ..	257	5	4	266

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme ... ..	219
(b) Otherwise ... ..	9

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme ... ..	189
(b) Otherwise ... ..	14

TABLE IV.—*continued.***Group III.—Treatment of Defects of Nose and Throat**

Number of Defects.				
Received Operative Treatment.				
Under the Authority's scheme, in Clinic or Hospital	By Private Practitioner or Hospital apart from the Authority's scheme	Total	Received other forms of treatment	Total number treated
83 .....	6 .....	89 .....	284 .....	373

**Group IV.—Dental Defects.**

(1) Number of Children who were :—	(2) Half-days devoted to :—
(a) Inspected by the Dentist :—	Inspection ... .. 20
Aged :	Treatment ... .. 253
Routine Age Groups :	Total ... .. 273
3 ... .. 25	(3) Attendances made by
4 ... .. 76	children for treatment 3037
5 ... .. 368	(4) Fillings :—
6 ... .. 466	Permanent Teeth ... 869
7 ... .. 536	Temporary Teeth ... 414
8 ... .. 667	Total ... .. 1283
9 ... .. 647	(5) Extractions :—
10 ... .. 130	Permanent Teeth ... 243
11 ... .. 1	Temporary Teeth ... 3162
12 ... .. —	Total ... .. 3405
13 ... .. —	(6) Administration of An-
14 ... .. —	æsthetics for Extract-
Total ... .. 2916	tions :—
Specials ... .. 488	Local ... .. 1769
Grand Total ... .. 3404	General ... .. 48
(b) Found to require treatment :—	Total ... .. 1817
Routines ... .. 2147	(7) Other Operations :—
Specials ... .. 484	Permanent Teeth ... 305
—2631	Temporary Teeth ... 14
(c) Actually treated :—	Scalings... .. 32
Routines ... .. 1814	Total ... .. 351
Specials ... .. 464	
—2278	
(d) Re-treated during the year as	
the result of periodical exam-	
ination ... .. 353	

**Group V.—Uncleanliness and Verminous Conditions.**

(i.) Average number of visits per school made during the year	
by the School Nurses ... ..	3
(ii.) Total number of examinations of children in the Schools	
by School Nurses ... ..	13251
(iii.) Number of individual children found unclean ... ..	282
(iv.) Number of children cleansed under arrangements made by	
the Local Education Authority... ..	90
(v.) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921... ..	Nil.
(b) Under School Attendance Bye-Laws ... ..	Nil



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